Harnett County Department of Public Health

PERMIT # SFP	2507-0058	<u>Ope</u>	ration Permit		
		✓ New Ins	tallation 🗹 Septic Tank 🕒	Nitrification Line Re	epair Expansion
		PROPE	RTY LOCATION: 214 AIde	or vey, Angiel	2 San 1 San
Name: (owner)	DLB Group 1	PROPE North Coroling LLC SUB	DIVISION Confbell R:	118	LOT # 8
System Installer: V	Newtone Mast	60			
Basement with plumb	ing: 🗆 Garage 🖳	Number of Bedrooms3			
		Public Well Distance from III (b) Jey Chankers		Y. P. CONTROL	
(In accordance with 1			Types V and VI Systems expire ontact Health Department 6 months		ewa
(1)		TOTAL MATERIAL AND	muce meaning separations - manage	prior to expiration to prime	.was.
This system has been insta	lled in compliance with applicable	North Carolina General Statutes, Rules for Sewa			
			* Needs	Supply Line, Sep	dictine,
			D. Box	pump + Alerm	
					+
			* Needs	pump + Aterm	tor tine!
	/ 1	1 1		1	
	10.9 W	1 41 -	9/W	+	
	/ " _	ED 1321.		1 3	
		40 400	98.	3	
	/ 4	23% Red	1	0.	
	15	DO NO	Area -	RI	
		WI I	910.	_1	
PERMIT CONDITIONS:					
I. Performance:		accordance with Rule .1961.			
II. Monitoring:	As required by Rule .196				
III. Maintenance:		61. Other:			
		et for additional operation conditions, i	naintenance and reporting.		
IV. Operation:	AND PORCE STREET CONTRACTOR OF CONTRACT	To the second se	1 0	100/1000	
V. Other:	-				
	D-Box	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
		lisposal system on the above captioned	property.		
Type of system:			septic Tank: 1	gallons Pump Tank: _	1 000 gallons
Subsurface Drainage Field	No. of ditches	exact length of each ditch 302	width of feet ditches	depth of	8'' inches
French Drain Required	10120 1231	Linear feet	reet arcnes	feet ditches 1.	o inches
	0/				
Authorized State A	Agent //	IN DEALS	Da	ite 6-27-25	
	0				