Harnett County Department of Public Health

| PERMIT # SFD | 2502-0130 | New Installa | tion Permit Septic Tank | Nitrification Line Repair | Expansion |
|------------------------------|----------------------------------|----------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------|
| | 200 1 | | SION <u>Honey</u> cutt | will Mendow LN | 1# 33 |
| Name: (owner) | DRB Homes | | SIUN Money CHAP | Pills | |
| System Installer: | Weether Mas | Number of Bedrooms 4 | | | |
| Basement with plumbin | | Public Well Distance from well | feet | | |
| Type of Water Supply: | Reduction Ty | 100 TIE (a) Iavicas mb | Types V and VI Systems expire i | in 5 years. | |
| (In accordance with Ta | | Owner must contact | ct Health Department 6 months pr | ior to expiration for permit renewa | . 1 |
| | t i un line viet englischle | North Carolina General Statutes, Rules for Sewage Tr | reatment and Disposal, and all conditions o | of the Improvement Permit and Construction | Authorization. |
| This system has been install | ed in compliance with applicable | Morth Carolina General Statutes, notes for seriage in | | | |
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| | (' ' ' | 11/16 | 1 5 3 | 73 | |
| | 1 401 | 1/3/11/1 | 5FD 5 0 | Shelby mead out | |
| | 125/162 | 7 3 16.5 | HON THE | - 3 | -3 7 |
| | Report | 1 19 2 2 | 401 7 5 3 | 8 | |
| to the fire | 1 Afec | 11111 | | \$ | |
| 100 10 44-11 | 1 . 1 . 1 | 2 | Di 1 | 3 | |
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| | 1111 | 15 off 15 off painty according | | | |
| | | Dear A. A. | . 1 | | |
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| PERMIT CONDITIONS: | | | | | |
| I. Performance: | System shall perform i | n accordance with Rule .1961. | | | |
| II. Monitoring: | As required by Rule .1 | | | | |
| III. Maintenance: | As required by Rule .1 | 961. Other: | | | |
| | Subsurface system ope | rator required? Yes 🗆 No 🗆 neet for additional operation conditions, ma | aintenance and reporting. | | |
| IV. Operation: | il yes, see attached si | eet for additional operation continuous, in | , , | | |
| iv. Operation. | | | | | |
| V. Other: | | | | | |
| | D-Box 🗆 | Pump | Alarm 🗆 | H20Line | PWR Lin |
| Following are the st | assifications for the sowage | disposal system on the above captioned | property. | 2 22 W | 1 |
| Type of system: | Conventional | Other Type TIKG Taychu | Mbe (5 Septic Tank: | gallons Pump Tank: _ | gallons |
| Subsurface | No. of | | width of | depth of ditches 24 | 1-26 inches |
| Drainage Field | ditches | exact length of each ditch 346' | feet ditches | eet untiles | III III III |
| French Drain Requir | red: | Linear feet | | | |
| | R- | 12/10 | - | Date 6-20-23 | 1 |
| Authorized State | Agent | In Just | L | Jate | |