Harnett County Department of Public Health

PERMIT # SFD2503-ORI

Operation Permit

| | New Installation Septic Tank Nitrification Line Repair Exp | pansion |
|---|--|----------|
| Name: (owner)Smith | Douglas Homes SUBDIVISION Harring Ton Place LOT # 5 | |
| System Installer: | 2 SOUDHISION THE TOTAL TIESE | |
| | Number of Bedrooms? (6 people) | |
| Type of Water Supply: Community | Public Well Distance from well feet | |
| System Type: Type (In accordance with Table V a) | Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. | |
| (iii accordance with Table V a) | Owner must contact health department o months prior to expiration for permit renewal. | |
| This system has been installed in compliance with app | licable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | |
| < <u>'\`</u> > | Split repair area Split Future repair area 102:102 | |
| PERMIT CONDITIONS: I. Performance: System shall perfor | m in accordance with Rule .1961. | |
| II. Monitoring: As required by Rul | 2 .1961. | |
| III. Maintenance: As required by Rule | | |
| | operator required? Yes \(\sime\) No \(\sime\) | |
| IV. Operation: | sheet for additional operation conditions, maintenance and reporting. | |
| V. Other: | | |
| ≥ | Pump | PWR Line |
| Following are the specifications for the sew | age disposal system on the above captioned property. | |
| Type of system: Conventional | Other 25% resuction IQ4 Septic Tank: 1000 gallons Pump Tank: | gallons |
| Subsurface No. of Drainage Field ditches/ | exact length width of depth of of each ditch 304 feet ditches 3 feet ditches 23 inc | ches |
| French Drain Required: | Linear feet | .1163 |
| Authorized State Agent | Med A-REH Date 5-6-25 | |