Harnett County Department of Public Health

PERMIT # SFD 2	304-0008	Operat	ion Permit		
		Mew Installa	tion Septic Tank	Nitrification Line Repair	☐ Expansion
		PROPERTY	LOCATION: 49 Brodn	end	
Name: (owner) _ *	(B Homes	SUBDIVIS	ION Diren wood	Grove LOT	# 150
System Installer:	Pavid Brantle	У			
Basement with plumbin		mber of Bedrooms3			
Type of Water Supply:	Community Pu	blic Well Distance from well .	feet		
System Type: 25%	Keduction Typ	e III (b) Tay (manhae (5	Types V and VI Systems expire in	5 years.	
(In accordance with Tal	DIE V a)	Owner must contact	Health Department 6 months prior	to expiration for permit renewal.	
This system has been installed	d in compliance with applicable No	rth Carolina General Statutes, Rules for Sewage Trea	atment and Disposal, and all conditions of th		
* Needs pump	+ Alexan	Grod mead		sts:te see	4:C Area
* Needs pump For Final			7 _	A17.72 307	
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* Needs suppl	4 may box g		\	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
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DEDMIT CONDITIONS					
PERMIT CONDITIONS: I. Performance:	System shall perform in acc	ardance with Rule 1061			
II. Monitoring:	As required by Rule .1961.				
III. Maintenance:	As required by Rule .1961.				
	Subsurface system operator				
	If yes, see attached sheet f	or additional operation conditions, mainte	enance and reporting.		
IV. Operation:					
V 0.4					_
V. Other:					_
	D-Box □		Alarm 🗆	H20Line 🗆	PWR Line
		osal system on the above captioned prop			_
Type of system: (No of	exact length	width of	gallons Pump Tank: 1,00 depth of	gallons gallons
D Fi.11	1:1	of each ditch 372	feet ditches 3	depth of ditches 22 - 28	inches
French Drain Required	11 12	Linear feet	unches	icci untiles <u>ec · Co</u>	miches
Authorized State Ag	ent III	My Kous	Date	7/31/25	
8			Date .		