## Harnett County Department of Public Health

PERMIT # SFD	2504-0099	Operation Permit	
5		New Installation Sentic Tank	Mitrification Line  Repair  Expansion
		PROPERTY LOCATION: 22 CC1.	tic LN, Lillington
Name: (owner)	DRB Groun North Carel	m LLC SUBDIVISION BIEKE Pon	LOT # _116
System Installer:		JOBOTTISION DIECE PAR	ΕΟΙ Η [1.9]
Basement with plumb	,	oms 4	
		/ell_ Distance from well feet	
System Type: 25%	Reduction Type Mich)	In Tauchanbers Types V and VI Systems expi	ire in 5 years.
(In accordance with T		Owner must contact Health Department 6 months	s prior to expiration for permit renewal.
This system has been insta	lled in compliance with applicable North Carolina Gene	al Statutes, Rules for Sewage Treatment and Disposal, and all condition	
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	No. No.	122/05/	
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	Single Control of the	115	1 3
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DEDMIT CONDITIONS			
PERMIT CONDITIONS:  I. Performance:	System shall perform in accordance with	0.10 1041	
I. Performance:  II. Monitoring:	As required by Rule .1961.	Aule .1701.	
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator required? Yes		
		peration conditions, maintenance and reporting.	
IV. Operation:	*	3	
V. Other:			
	Ota		H20Line
	cifications for the sewage disposal system of		
Type of system:	The state of the s		gallons Pump Tank: 1,000 gallons
Subsurface Drainage Field	No. of exact	length width of ch ditch 412' feet ditches	3 feet ditches 24-14 inches
Drainage Field French Drain Required	ditches of ea d: Linear feet	ch ditch 472 feet ditches	feet ditches 29-14 inches
Tenen Drain nequired	u Lilical leet		
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Authorized State A	agent from the fitty	on p+A	Date 10-16-25