Harnett County Department of Public Health

PERMIT # SED 2504-0126

Operation Permit

Name: (owner) System Installer: Garage Mumber of Bedrooms C. General Subprision State care Blower Lot # 55 System Installer: Garage Mumber of Bedrooms C. General Subprision System System System Specifications Specifications	New Installation Septic Tank Nitrification Line Repair E	xpansion
System Installer: Special pumping	Name: (owner) Smith Douglas Horry SUBDIVISION Brianwood Bluff 10T#	15
System Type: Yand Wigsters expire in 5 years. This grams has been installed in compliance with applicable Kern Continuo General Statuter, Audios for Secondary Treatment and Giosposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: I. Performance: I. Performance: I. Performance: I. Monitoring: II. Maintenance: As required by Rule 1951. The substance system operator required? Yes Substance and reporting. W. Operation: V. Other: U. Other:	System Installer: AFR	
System Type: Yand Wigsters expire in 5 years. This grams has been installed in compliance with applicable Kern Continuo General Statuter, Audios for Secondary Treatment and Giosposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: I. Performance: I. Performance: I. Performance: I. Monitoring: II. Maintenance: As required by Rule 1951. The substance system operator required? Yes Substance and reporting. W. Operation: V. Other: U. Other:	Basement with plumbing: Garage Mumber of Bedrooms 3 (6 people)	
PERMIT CONDITIONS: I. Performance: I. Performance: I. Maintenance: System shall perform in accordance with Rule 1961. I. Maintenance: System shall perform in accordance with Rule 1961. As required by Rule 1961. Other: I. O	Type of Water Supply: Community Mar Public Well Distance from well feet	
PERMIT CONDITIONS: 1. Performance: 1. Performance: 2. System shall perform in accordance with Rule 1961. 2. Maintenance: 3. As required by Rule 1961. Other: 3. Subsurface system perator required Yes In April 1969. 1. Operation: 4. Other: 5. Debox 4. Pump 5. Alorm 5. Pump 6. Alorm 6. Alorm 6. Alorm 6. Alorm 6. Alorm 7. Operation: 6. Other: 6. Other: 7. Other: 7. Other: 8. Other: 9. Other: 9. Operation: 9. Other: 9. Other: 9. Operation: 9. Operation: 9. Operation: 9. Other: 9. Othe	(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal	
PERMIT CONDITIONS: 1. Performance: 1. Monitoring: 2. As required by Rule 11961. Other: 2. Subsurface system perator required Yes Image disposal system on the above captioned propegy. 1. Operation: 1. Operation: 1. One: 2. Debox 2. Pump 3. Alorm 4. Other: 4. Other: 5. Debox 4. Other: 4. Other: 5. Debox 6. Other 2.5 Acculations for the swage disposal system on the above captioned propegy. 1. Other: 1. One: 1. One: 1. One: 1. One: 1. One: 2. Other: 2. Other: 3. Other: 4. Other: 4. Other: 5. Other: 4. Other: 5. Other: 6. One- 7. Other: 6. Order disched in of each disched of depth of disched in orach disched of depth of disched in orach disched in o	The most condition beganning of months prior to expiration for permit relieval.	
PERNIT CONDITIONS: Performance: System shall perform in accordance with Rule 1961.	This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes Subsurface system operator required? Yes No Subsurface system operator required? Yes No No Subsurface No. of Subsurface		
If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other:	III. Maintenance: As required by Rule .1961. Other:	
V. Other: Man Gild D-Box Pump Alorm H20Line PWR Line Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 25% reduction Type Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches I of each ditch 346 feet ditches J feet ditches J inches French Drain Required: Linear feet L	Subsurface system operator required? Yes \(\subseteq \text{No } \subseteq \)	
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Drainage Field ditches of each ditch 346 feet ditches inches	Salvon rump rum.	_ gallons
French Drain Required: Linear feet	7/1/	rchas
Authorized State Agent Mol Date 7-18-25		CIE3
Authorized State Agent Date 7-18-23	$N \cap N \cap$	
	Authorized State Agent Date 7-18-23	