Harnett County Department of Public Health

PERMIT # SPD 2504-0144

Operation Permit

	New Installation 🗷 Septic Tank 🖭 Nitrification Line 🗆	Repair 🔲 Expansion
	PROPERTY LOCATION: 101 Mahogary CT (SA SUBDIVISION Magnolia Hills	1323)
Name: (owner) (74/T Cand Development	SUBDIVISION Magnolia Hills	_LOT # <u>23</u>
System Installer: Garage Number of Bedrooms Type of Water Supply: Community Public Well	41/2011	
Type of Water Supply: Gommunity 14 Public Well	Distance from well feet	
System Type: Type TIT 9	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit re	enewal.
This system has been installed in compliance with applicable North Carolina General Stat	tutes, Rules for Sewage Treatment and Disposal and all conditions of the Improvement Permit and Constr	uction Authorization.
86, 46	125% 125%	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule.	Lhogony CT	
II. Monitoring: As required by Rule .1961.	.1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		
IV. Operation: If yes, see attached sheet for additional operation:		
V. Other:		
□ D-Box □ Pump	Alarm	PWR Line
Following are the specifications for the sewage disposal system on the		
Type of system: Conventional Other 25% cod Subsurface No. of exact length		gallons
,	th width of depth of itch <u>202</u> feet ditches <u>3</u> feet ditches <u>-</u>	26 inches
French Drain Required: Linear feet	ordina et unities	inches
Authorized State Agent	N-REHS Date 8-14-25	