## Harnett County Department of Public Health

PERMIT # SFD 2505-0214

Operation Permit

🖎 New Installation 🗷 Septic Tank 🖟 Nitrification Line 🗆 Repair 🗆 E	xpansion
Name: (owner) Galt land Davelopment SUBDIVISION Magnolia h.lls LOT #	)
Name: (owner) Galtland Development SUBDIVISION MAgnolia Will LOT #_	30
System Installer: Crarae Septic	
Basement with plumbing: Garage Mumber of Bedrooms (Paperle)  Type of Water Supply: Germanity Pt. Public Well Distance from well	
System Type: Type TILE Systems expire in 5 years.	
(In accordance with Table V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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.	
30' 30' 30' 34' 50' 66'	
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:	
III. Maintenance: As required by Rule .1961. Other:  Subsurface system operator required? Yes  No >	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □	_ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional Conventional Other 25% reduction — Qy Septic Tank: 1000 gallons Pump Tank:	_ gallons
Subsurface No. of exact length width of depth of	_ ganons
Drainage Field ditches of each ditch feet ditches i	nches
French Drain Required: Linear feet	
Authorized State Agent Mall REHT Date 9-3-25	