Harnett County Department of Public Health

PERMIT # SFD 2506-0026 Operation Permit Mew Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 166 Hill and Rd Engray Varing Name: (owner) Porter Built Homes LLC SUBDIVISION LOT # Z System Installer: 6 enes Back hee Garage Mumber of Bedrooms Basement with plumbing: Type of Water Supply:

Community Public Well Distance from well feet

System Type: 25% Reduction Type TH(g) Ich Chamber 15 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. Pon. PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule . 1961. II. Monitoring: As required by Rule .1961. III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: Pump D-Box Alarm

_____ H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional 1 Other Type III 91 Iall chamber 5 Septic Tank: 1,000 gallons Pump Tank: ___ exact length Subsurface No. of width of depth of ditches 22 - 23 of each ditch Drainage Field ditches ditches French Drain Required: Linear feet 10-3-25 Authorized State Agent_