Harnett County Department of Public Health

PERMIT # SFD 2507-0069

Operation Permit

	New Installation Septic Tank Mitrification Line Repair Expansion
Name: (owner) Smith Douglas Home	PROPERTY LOCATION: 80 Gray Ano Way er SUBDIVISION Briar wood Park LOT # 4
System Installer: A+R	SOBDIVISION DELECTION TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH
	ms 3 (6people)
Type of Water Supply: Community Public We	ll Distance from well feet
System Type: Type TIL B	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 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.
PERMIT CONDITIONS:	Salutes, nules for swage freatment and disposal, and all conditions of the improvement Permit and Construction Authorization.
 I. Performance: System shall perform in accordance with Ru II. Monitoring: As required by Rule .1961. 	ile .1961.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes	7.3
If yes, see attached sheet for additional op IV. Operation:	eration conditions, maintenance and reporting.
V. Other:	
	mp Alarm 🗆 H20Line 🗆 PWR Line
Following are the specifications for the sewage disposal system on the	the above captioned property
Type of system: Conventional Other 63 hora	Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact le Drainage Field ditches / of each	ength width of depth of n ditches 3 feet ditches 18 inches
French Drain Required: Linear feet	inclies rect untiles
Authorized State Agent	Mal ALEHS Date 9-11-25