Harnett County Department of Public Health

PERMIT # SFD 2508-0064

Operation Permit

| | 🔼 New Installation 🛭 Septic Tank 🖅 Nitrification Line 🗆 Repair 🗀 | Expansion |
|---|---|-----------|
| | PROPERTY LOCATION: 104 Smith Farms D - (1) SUBDIVISION Reedy Branch LOT # | 1C Hay 2 |
| Name: (owner) Smith Douglas Homes | SUBDIVISION Reedy Branch LOT # | 63 |
| System Installer: A+R' | | |
| Basement with plumbing: ☐ Garage ☑ Number of Bedrooms. Type of Water Supply: ☐ Community ☑ Public ☐ Well | 3(6people) | |
| | | |
| System Type: Type TIT B (In accordance with Table V a) | Types V and VI Systems expire in 5 years. | |
| (iii 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 Stat | utes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizat | ion. |
| PERMIT CONDITIONS: | 137° SMITH Form Dr -> | |
| 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: Subsurface system operator required? Yes | in ka | |
| If yes, see attached sheet for additional operation | | |
| IV. Operation: | | |
| V. Other: | | |
| D-Box D-Pump | Alarm | PWR Line |
| Following are the specifications for the sewage disposal system on the | — m | |
| Type of system: Conventional Other 25 Zored | | gallons |
| Subsurface No. of exact length of each ditches of each ditches | | inches |
| French Drain Required: Linear feet | icet untilles | _ inches |
| Authorized State Agent | La REHT Date 10-10-25 | |