

Harnett County Department of Public Health

PERMIT # BCOM2211-0015

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 555 Alpine Dr (SR 1141)

Name: (owner) Land 2020 inc

SUBDIVISION _____

LOT # _____

System Installer: Yellow Dog

Basement with plumbing: Garage ~~Number of Bedrooms~~ 1009pd

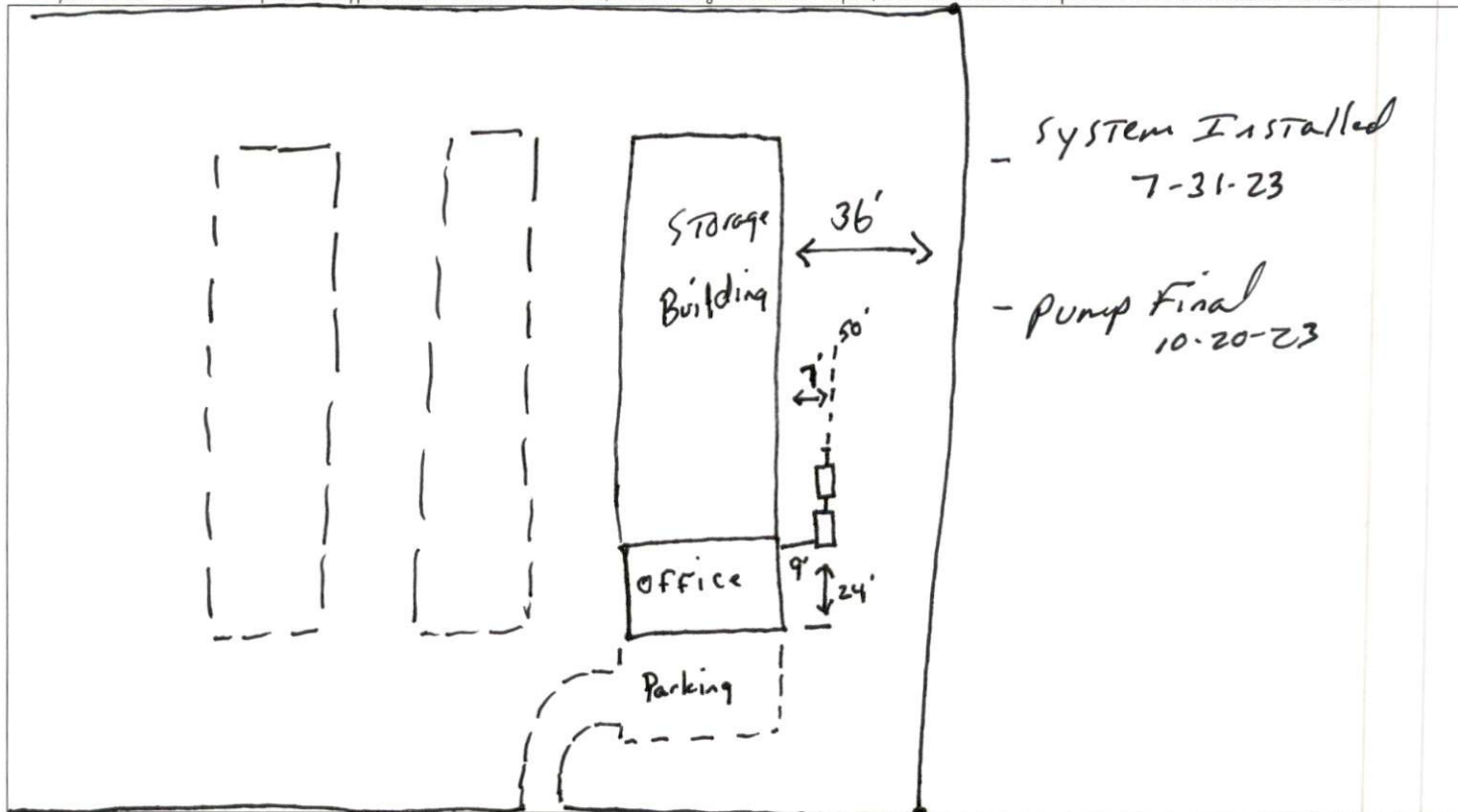
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Type III 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:

- 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 No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.
 Type of system: Conventional Other 25% reduction EQ4 Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 50 feet ditches 3 feet ditches 22 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 10-20-23