

Harnett County Department of Public Health

PERMIT # BCOM 2505-0003

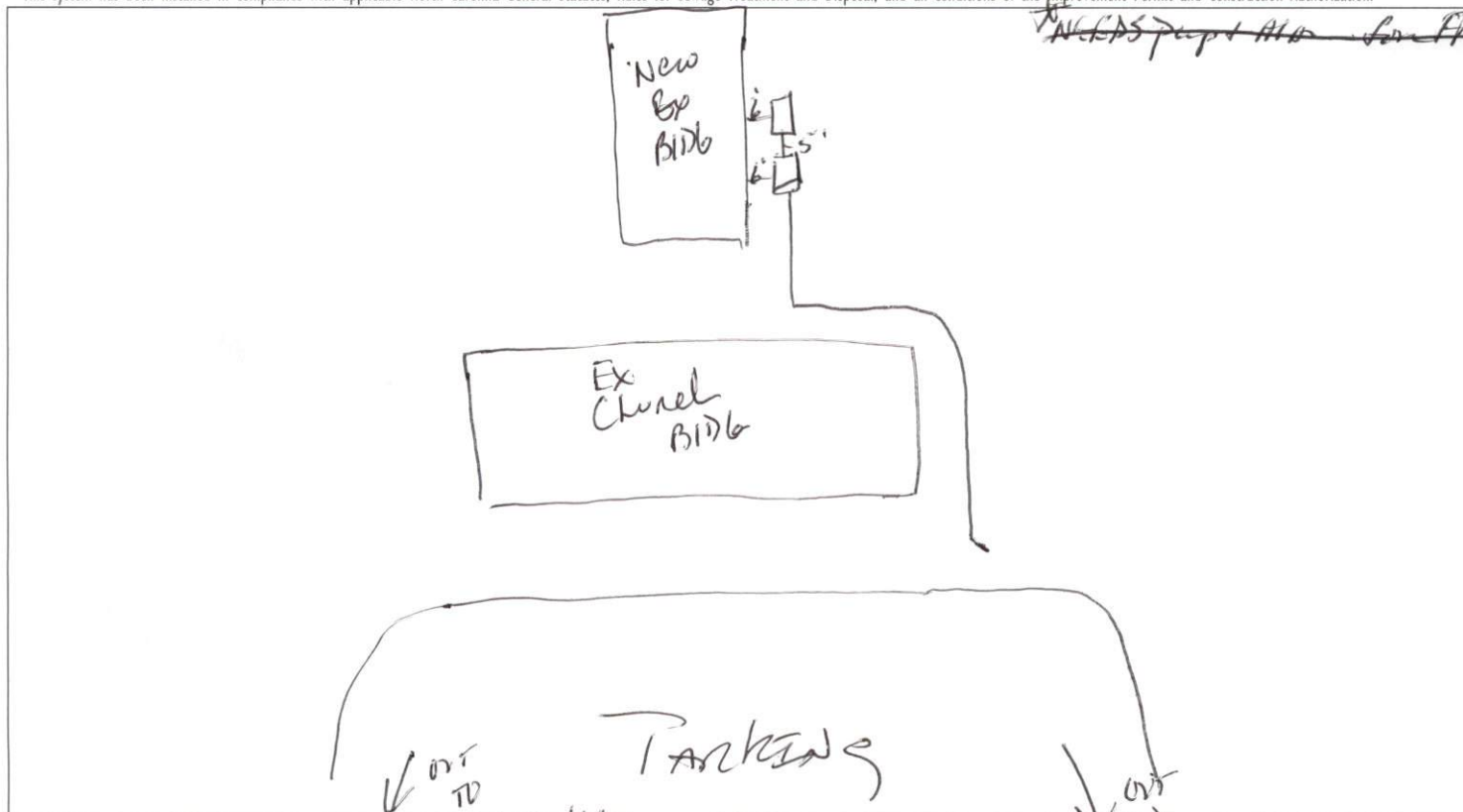
Operation Permit

☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: 521609 Dry Creek RDName: (owner) Encounter Vision Fellowship SUBDIVISION _____ LOT # _____System Installer: Rickey Holland 135 Day Creek RDBasement with plumbing: ☐ Garage ☐ Number of Bedrooms 35 people ChurchType of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: Pumped Gravity System 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 TANKS to Ex system Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches Ex of each ditch Ex feet ditches Ex inches

French Drain Required: _____ Linear feet

Authorized State Agent REHS

Jm install

Date 10-30-25