

HTE# BLES1901-0036

Harnett County Department of Public Health

25546

PERMIT # 30452

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 450 NC 55 W.

Name: (owner) Joseph A. Wilkins SUBDIVISION _____ LOT # 5

System Installer: Clint Adams Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: 25% reduction sp. 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.

* 1250 GALLON TANK FOR FUTURE BEDROOM EXPANSION
[PUMP MAY BE REQUIRED]

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 EG FLOW III Septic Tank: 1250 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of AK 45 exact length of each ditch 60 feet width of ditches 3 feet depth of ditches 28 inches

French Drain Required: _____ Linear feet

Authorized State Agent

Date 05/28/2019