

HTE# BUES1904-0060

Harnett County Department of Public Health

25635

PERMIT # NA

Operation Permit

821265

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 209 Hicks Rd. (Cool Springs Rd.)

Name: (owner) Clayton Homes Sanford SUBDIVISION _____ LOT # _____

System Installer: A&R Enterprises Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

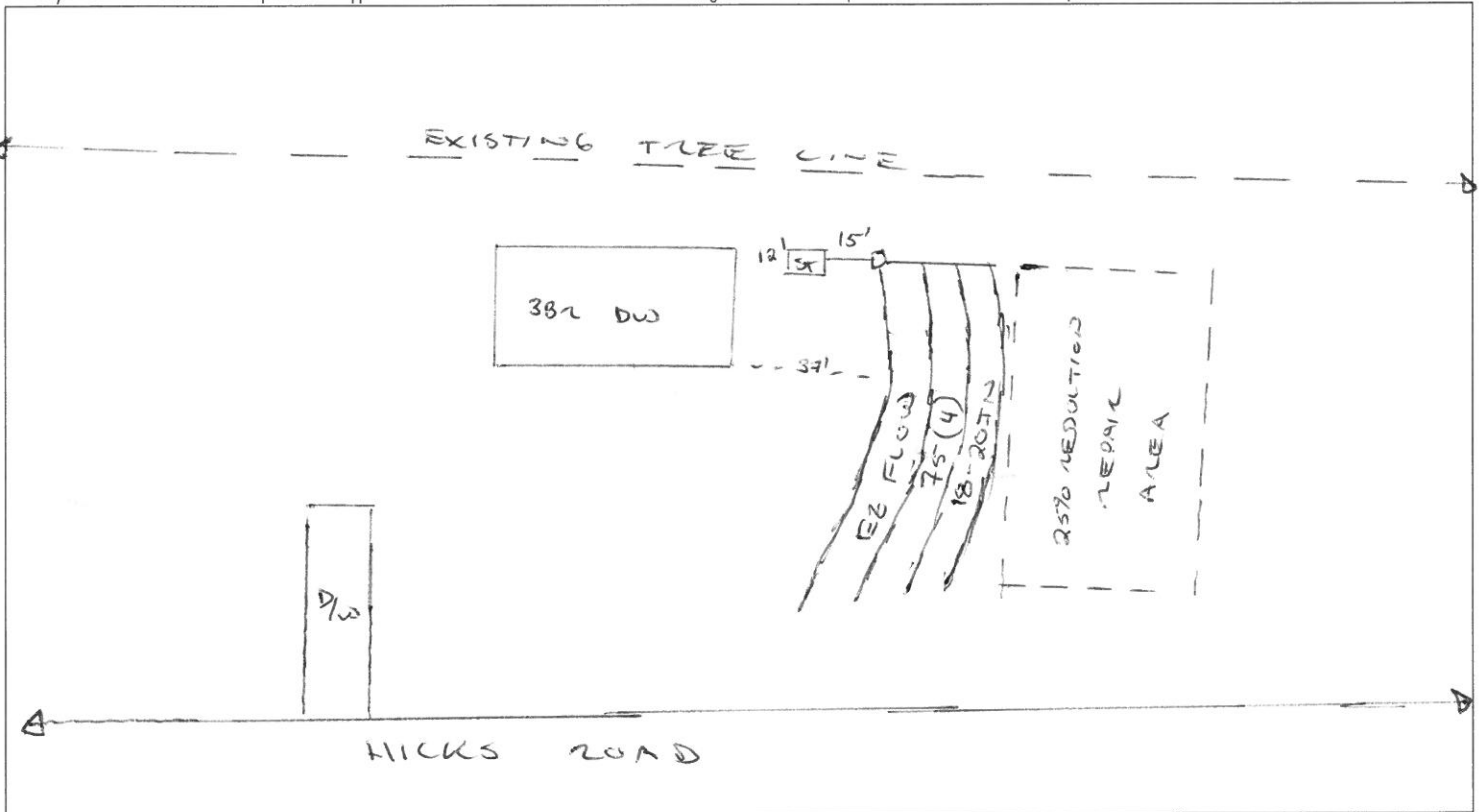
Type of Water Supply: Community Public Well Distance from well NA feet

System Type: 25% reduction Sys. III 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 EZ Flow III Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 4 of each ditch 75 feet ditches 3 feet ditches 18-20 inches
 French Drain Required: _____ Linear feet

Authorized State Agent

[Signature]

Date

06/20/2019