Authorized State Agent_

Harnett County Department of Public Health

No. 26559

00/86/2020

Date

Operation Permit PERMIT # ____A 51 1165 New Installation & Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 185 KING CHANGES AND (MCKET TOWN MS) Name: (owner) WINDING ASDGTE PAGE. SUBDIVISION KNOTTINGHAM MIP LOT # System Installer: COX SERTIC + GRADING Registration # Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply:

Community

Public

Well Distance from well _ ~~ A System Type: 25% AS DUCTION STS TILLS __ Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. & SENAL SISTRIBOTION CHAMBER CORRECTED AT HEADELZ 101 101 33 AIFA PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 1. Performance: II. As required by Rule .1961. Monitoring: As required by Rule .1961. Other: III. Maintenance: Subsurface system operator required? Yes 🗆 No 🗷 If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ Pump Alarm \square H20Line □ ____ **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. Other OH CHAMBER THE Septic Tank: 1 Occopy gallons Pump Tank: _____ Type of system:

Conventional depth of ditches 22-14 inches exact length width of Subsurface No. of 78 Drainage Field ditches of each ditch ditches Linear feet French Drain Required: