## Harnett County Department of Public Health

PERMIT # Bres 2101-0041

Operation Permit

| PERMIT # DIES ZIOT COAT   | Operation Ter  |  |  |           |
|---|--|--|--|-----------|
|   | New Installation   | Septic Tank 🗷 Nitrific   | cation Line 🗆 Repair 🗆                   | Expansion |
|   | PROPERTY LOCATION:   | 1125 Cypress Rd  | (SR 1103)                                |           |
| Name: (owner) Jeanfer Stanton   | SUBDIVISION  | "  | LOT #                                    |           |
| System Installer: Danny Carlyle   |  |  |  |           |
| Basement with plumbing: ☐ Garage ☐ Number of Bedrooms                                   | 7  |  |  |           |
| Type of Water Supply: ☐ Community ☑ Public ☐ Well                                       |  | feet   |  |           |
| System Type: TYPE TT 9  | CALCULATION CONTRACT CONTRACTOR C | nd VI Systems expire in 5 years  | .2                                       |           |
| (In accordance with Table V a)  | Owner must contact Health Depa   |  |  |           |
|   |  |  |  |           |
| This system has been installed in compliance with applicable North Carolina General Sta | autes, Rules for Sewage Treatment and Disp   | posal, and all conditions of the Impro-  | vement Permit and Construction Authoriza | ation.    |
| House ~2000  From Road  75' 75' 75  | FUTURA   rapair   Area   | Unsu Toba  Unsu Toba  Parkar  Parkar |  |           |
| 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 □  |  |  |  |           |
| If yes, see attached sheet for additional opera  IV. Operation:                         |  |  |  |           |
| IV. Operation:  |  |  |  |           |
| V. Other:   |  |  |  |           |
| D-Box □Pump   | □ Alarr  | m 🗆  | H20Line 🗆                                | PWR Line  |
| Following are the specifications for the sewage disposal system on the                  | above captioned property.  |  |  |           |
| Type of system: Conventional Other CTR  |  |  | gallons Pump Tank:                       | gallons   |
| Subsurface No. of exact leng  |  | width of ditches3  | depth of                                 |           |
| Drainage Field ditches of each d  | itch feet  | ditches3   | feet ditches 24                          | inches    |
| French Drain Required: Linear feet  |  |  |  |           |
| Authorized State Agent Mah  | -REHO  | Date 6   | 22-22                                    |           |