

Harnett County Department of Public Health

PERMIT # BRES 2105-0010

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 301560 Fates Rd

Name: (owner) LEILIANA THERESA TLAZALO SUBDIVISION _____ LOT # _____

System Installer: JUNIOR CANDIAS

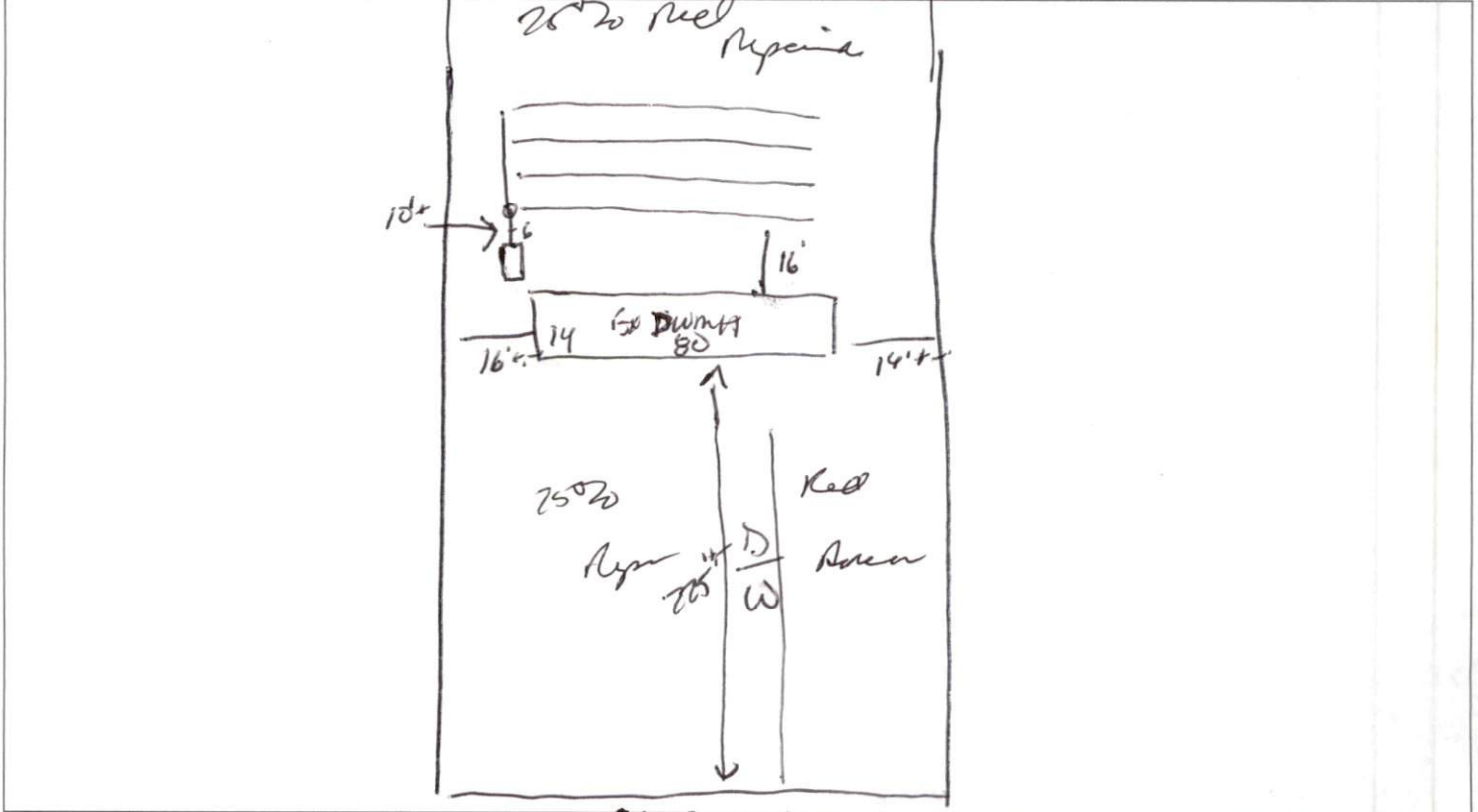
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: 75% REVERSION SYSTEM EZFLOW 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 75% REVERSION Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 22-23 inches

French Drain-Required: _____ Linear feet

Authorized State Agent James E. Markham III Date 4-21-25