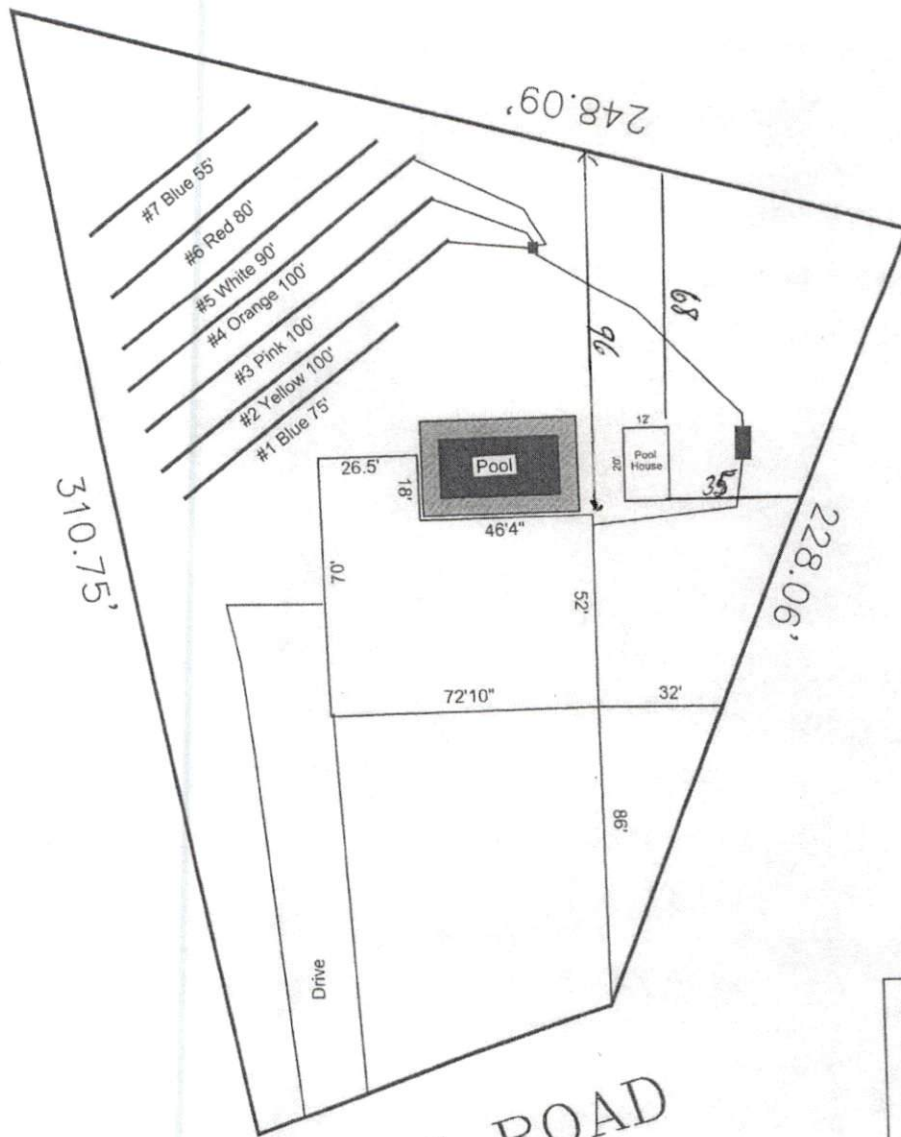


Triangle Home Pros Lot #1- 261 Hobby Road 3-Bedroom Septic Proposal



5
1.0
ACRES

HOBBY ROAD

System: Gravity to D-Box
 Lines: 2-4 (300')
 0.3 LTAR
 24" Trench Bottom
 Accepted Status System
 Repair: Pressure Manifold
 Lines: 1, 5-7 (300')
 0.3 LTAR
 24" Trench Bottom
 Accepted Status System

GRAPHIC SCALE
1" = 50'



Adams
Soil Consulting
919-414-6761
Project #882

5072003-049

Harnett County Department of Public Health

No. 26256

PERMIT # NA

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 261 HUNTER ROAD (271400)

Name: (owner) TRIANGLE HOME PASS SUBDIVISION TRIANGLE HOME PASS LOT # 5

System Installer: ADRIAN B. BARNETT Registration # _____

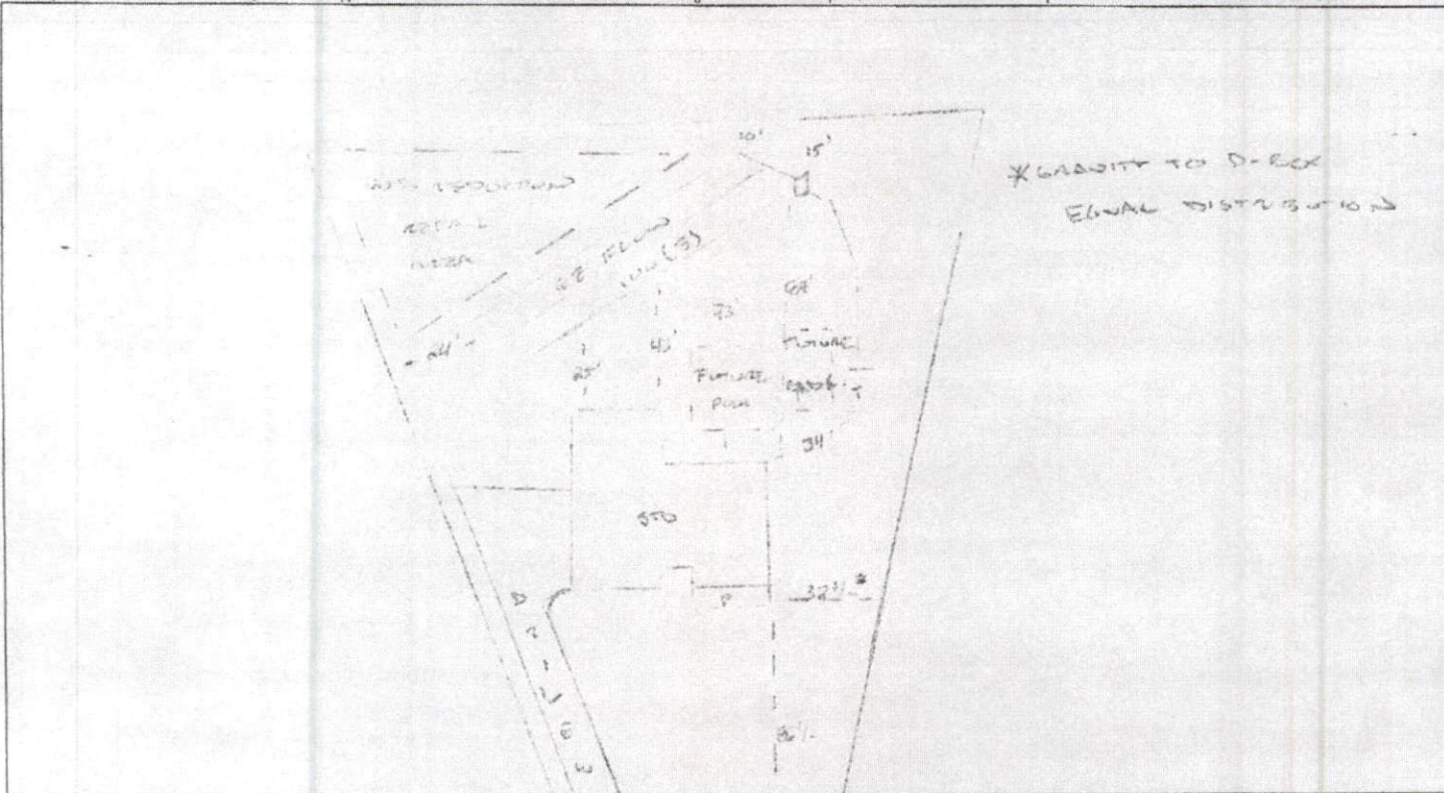
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: 25' ABSOLUTE STS. 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: 261 HUNTER ROAD (271400)
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 3 of each ditch 100 feet ditches 3 feet ditches 24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 07/02/2020