Harnett County Department of Public Health

PERMIT # B24ES2107-0024

Operation Permit

☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: SR 1789 W Strickland Rd

Name: (owner) Kelley Reed SUBDIVISION Nancy Ray Adams LOT # 7

System Installer: Bobby Thomas

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3

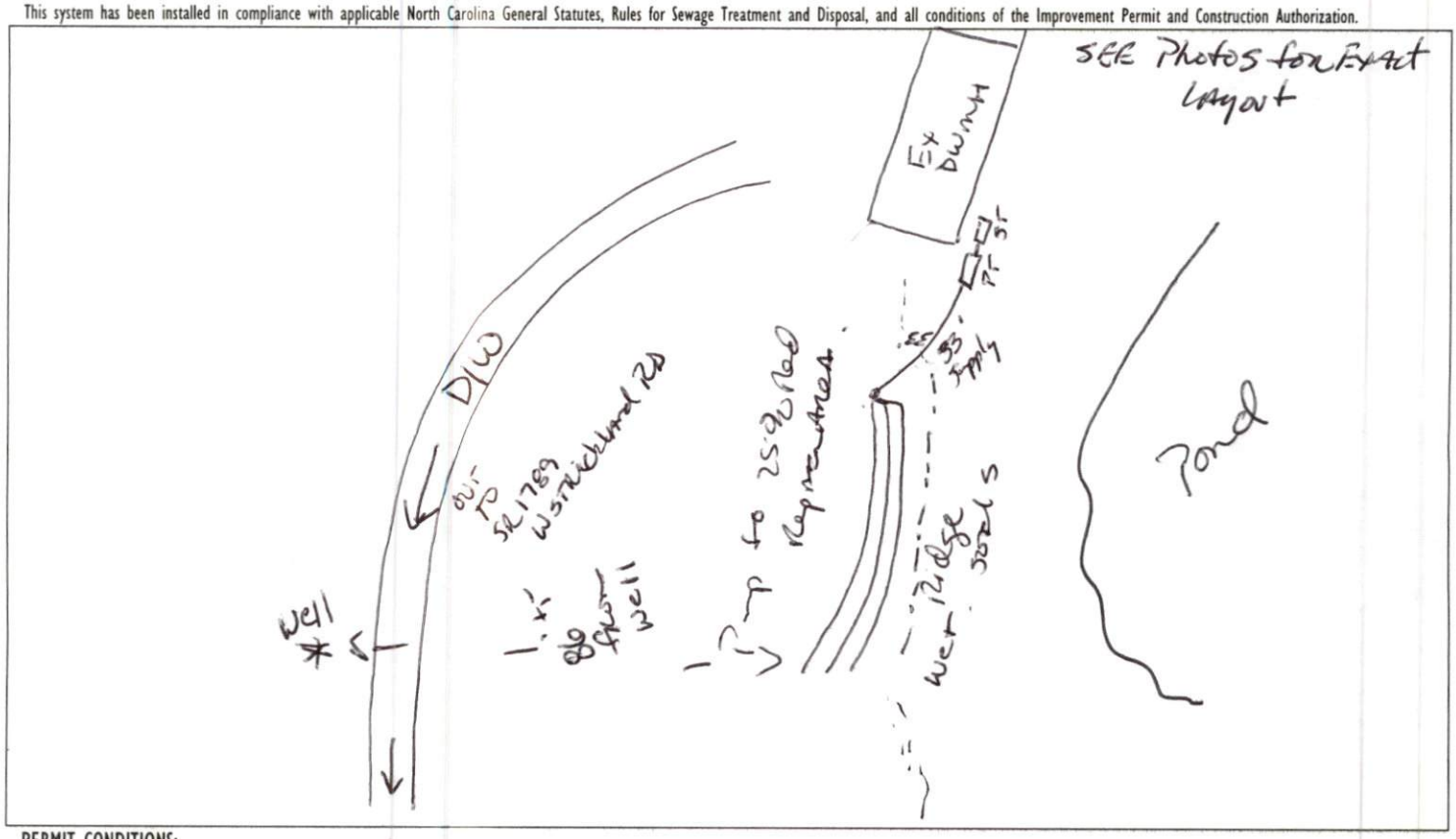
Type of Water Supply: ☐ Community ☐ Public ☑ Well Distance from well 86' feet

System Type: 25% REDUCTION System Type IIb 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.

Chamber Locked

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 ☐ _____ H2OLine ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☑ Other 25% Reduction Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 3; exact length of each ditch 300 100 feet; width of ditches 3 feet; depth of ditches 18-20 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E Mankham III REHS Date 11-1-24