

89 CADR STEPHENS

Harnett County Department of Public Health

PERMIT # BRES 2211-0040

Operation Permit

- New Installation
- Septic Tank
- Nitrification Line
- Repair
- Expansion

PROPERTY LOCATION: 341709 OLD STAGE 12

Name: (owner) Kristal Parker SUBDIVISION _____ LOT # _____

System Installer: Eastern Septic

Basement with plumbing: Garage Number of Bedrooms _____

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

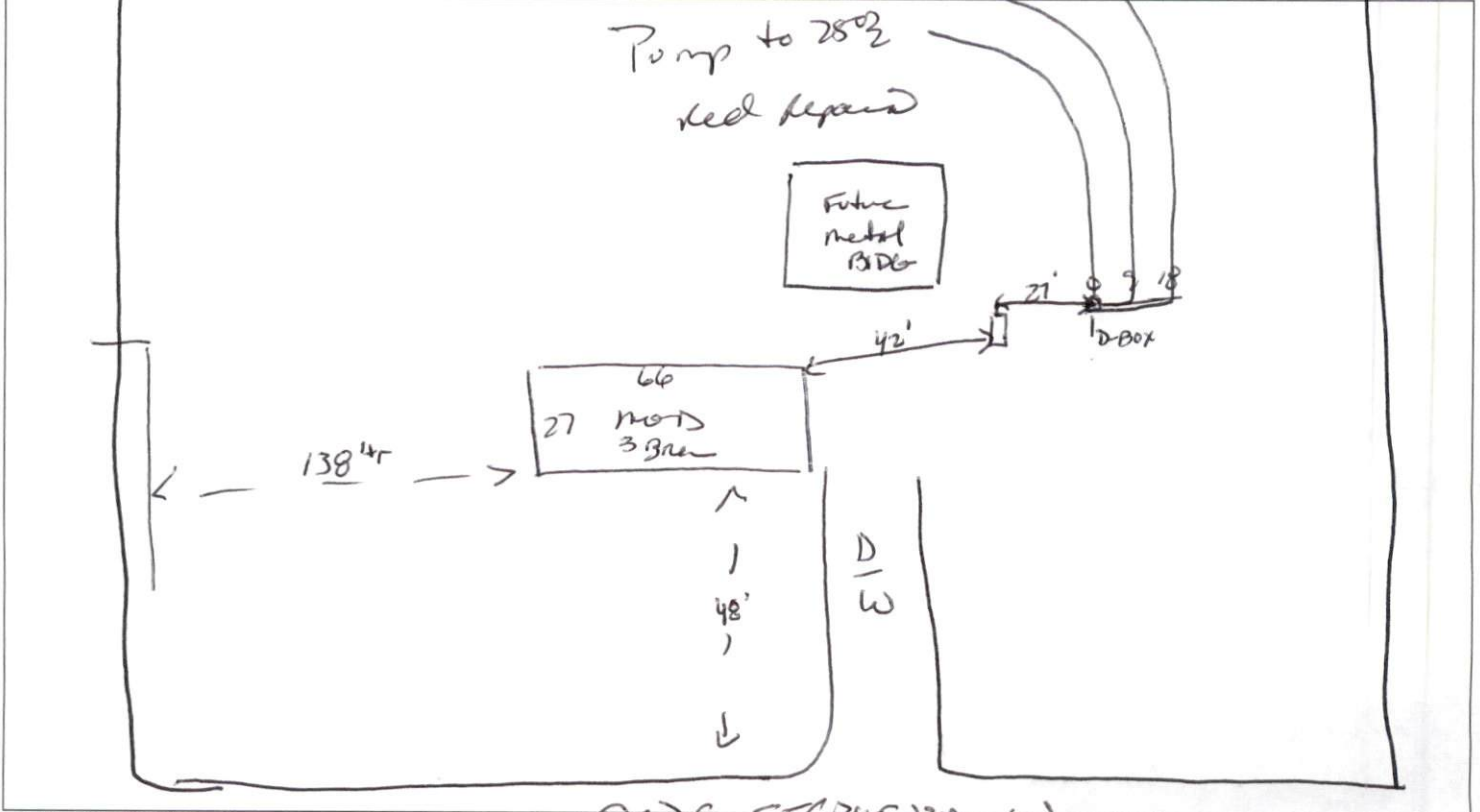
System Type: 25% PEXUCON System Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

Chamber Quick-4

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 25% PEXUCON Septic Tank: 1000 gallons Pump Tank: _____ gallons

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

French Drain Required: _____ Linear feet

Authorized State Agent: James C. Monkton JR. TCHS Date: 5-18-23