

Harnett County Department of Public Health

PERMIT # BUES2301-0068

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: Hay 301N

Name: (owner) TINA McLamb SUBDIVISION _____ LOT # _____

System Installer: Genes Backhoe

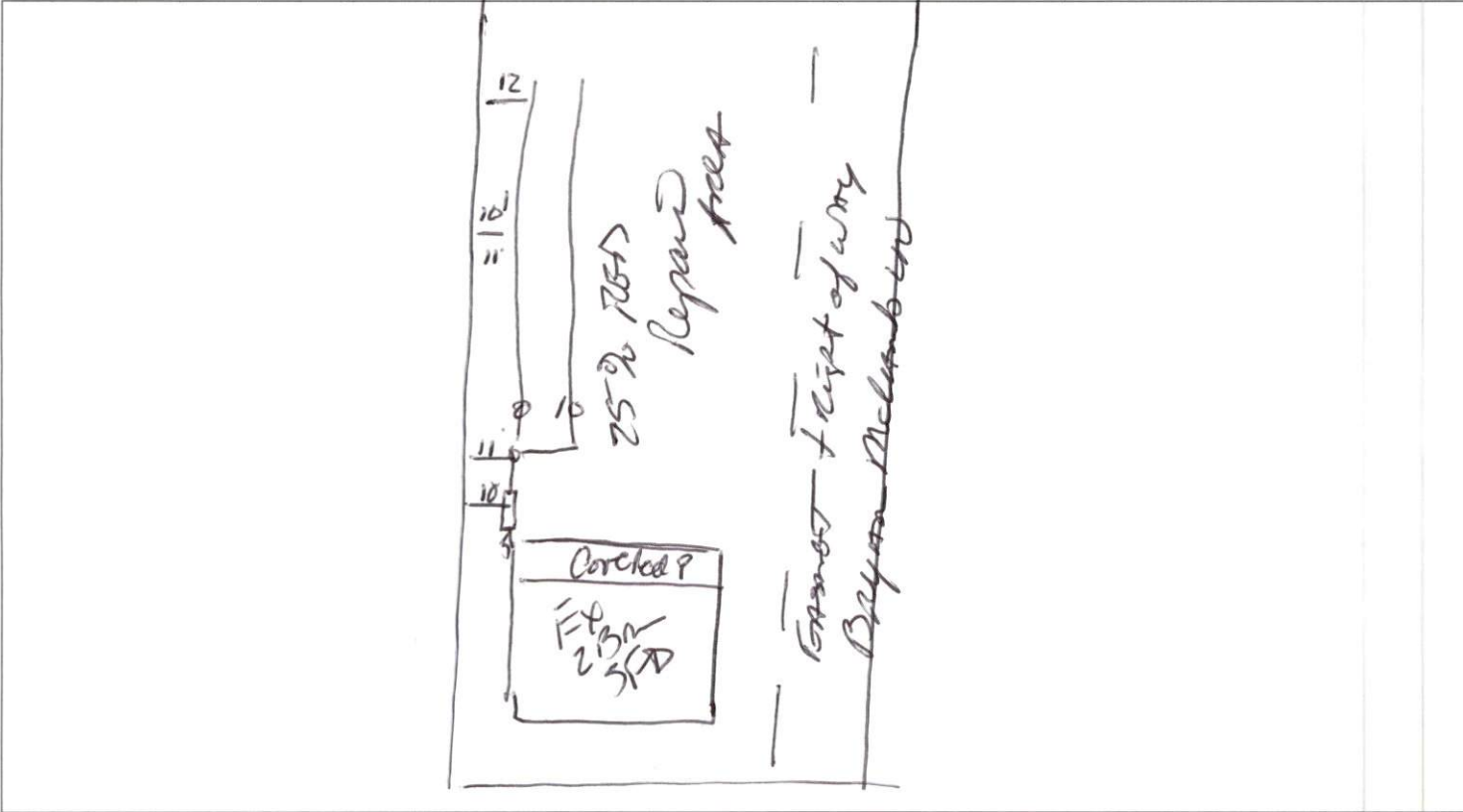
Basement with plumbing: Garage Number of Bedrooms 2 - 4 people

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

System Type: 25% REDUCED FLOW SYSTEM 12" DIA 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 25% REDUCED FLOW Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches 2 of each ditch 100 feet ditches 3 feet ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Monahan Date 8-4-23