

Harnett County Department of Public Health

PERMIT # Bas 2302-0019

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 383 Gilchrist Rd. (SR 1143)

Name: (owner) Annie Gilchrist SUBDIVISION _____ LOT # _____

System Installer: Larry Sharpe

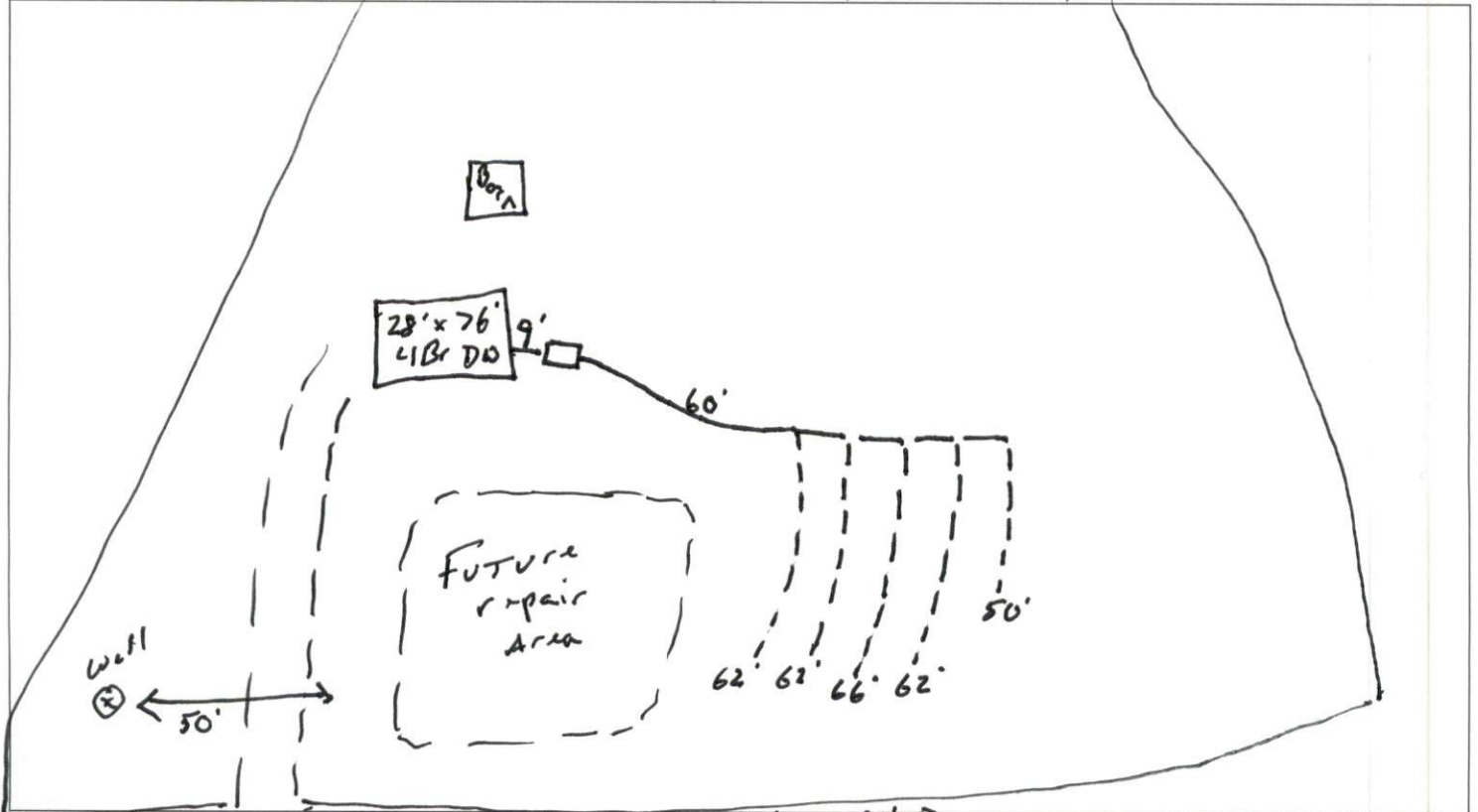
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: type III 9 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% reduction IGY Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 302 feet ditches 3 feet ditches 18-16 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Moh [Signature] RETHS Date 6-15-23