

# Harnett County Department of Public Health

PERMIT # BRES2304-0032

## Operation Permit

New Installation  
  Septic Tank  
  Nitrification Line  
  Repair  
  Expansion

PROPERTY LOCATION: 152 LEE PORTER LN

Name: (owner) KAREN ANDERSON SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: SUPERIOR SEPTIC

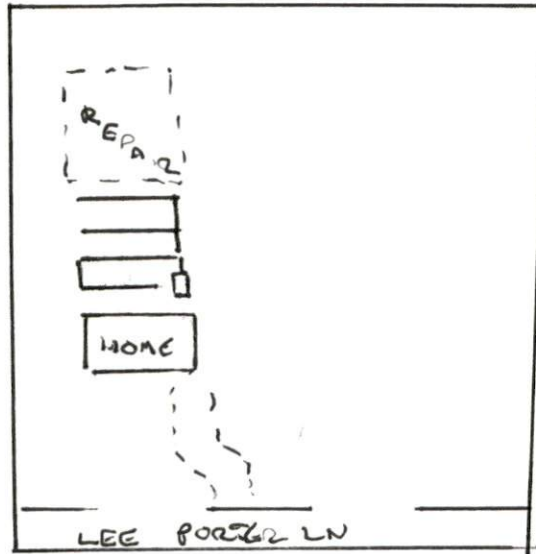
Basement with plumbing:  Garage  Number of Bedrooms 3

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

System Type: 1116 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 CHAMBER (404)  
 Septic Tank: 1000 gallons  
 Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field: No. of ditches 1  
 exact length of each ditch 300 feet  
 width of ditches 3 feet  
 depth of ditches 24-16 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 10/7/23