

HTE #: BRES2304-0075

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

Name: Jonathan Boggs

Phone #: 910-366-8373

Address: 61 Pintail Dr (SR 1291)

Name of Mobile Home Park or S/D: _____

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 61 Pintail Dr (SR 1291)

Purpose of Inspection: Above ground pool addition and new septic repair area

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

1. the intended use of the septic system should change, and/or
2. the system should fail or malfunction, and/or
3. the owner or tenant of the property change, and/or
4. after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM



Signature of Environmental Health Specialist

5-15-23

Date

HTE# 19-543710

Harnett County Department of Public Health

25089

PERMIT # 20034

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 61 PINEAUX DR

Name: (owner) SIGNATURE HOME BUILDERS SUBDIVISION THOMAS MANOR LOT # 34

System Installer: GENES BRUNO Registration #

Basement with plumbing: Garage Number of Bedrooms 3

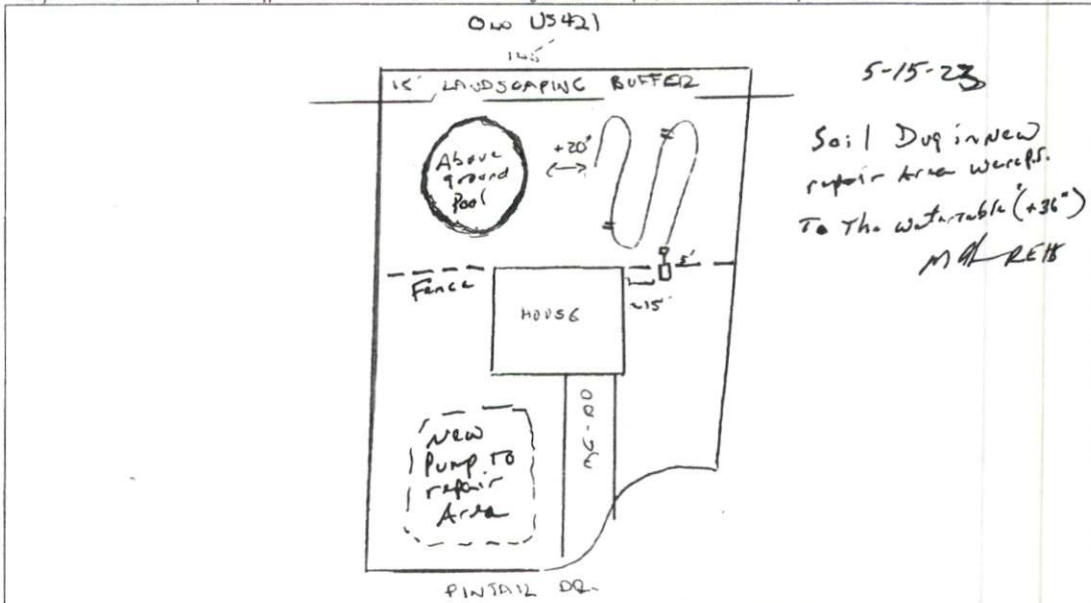
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III Types V and VI Systems expire in 5 years.

(In accordance with Table Y 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 H20Line PWR Line

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

Type of system: Conventional Other E2 Flow Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of _____ exact length width of _____ depth of _____

Drainage Field 1 ditches of each ditch 225 feet ditches 3 feet ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent MARETS Date 6/25/18