## Harnett County Department of Public Health

PERMIT # Bres 2307-0016 Operation Permit ☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ Expansion PROPERTY LOCATION: 261 WH Melean (1 (5R 2026) Name: (owner) Elizabeth System Installer: Garage \( \text{Number of Bedrooms } \( \frac{6\rho\_{e-1}}{2} \) Basement with plumbing: Public Well Type of Water Supply: 

Community System Type: \_\_\_\_\_ 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: 1. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes 
No 🔀 If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: Alarm 🗆 \_\_\_\_\_ D-Box Pump H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. 1 Other 25% reduction Idy gallons Pump Tank: Type of system: 

Conventional Septic Tank: \_/OOO gallons exact length Subsurface of each ditch 102 Drainage Field ditches French Drain Required: Linear feet Date 1-8-24 Authorized State Agent\_