## Harnett County Department of Public Health

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| PERMIT # Br & 2404-2041 Operation Permit  |
| New Installation Septic Tank Nitrification Line Repair Expansion  |
| Name: (owner) Stephen L. Mason  PROPERTY LOCATION: 3/76 Ne:115 Creek Rd, L:11:20ton  SUBDIVISION  LOT #   |
| Name: (owner) Stephen L. Mason SUBDIVISION LOT #  |
| System Installer: Bobby Thomas  |
| Basement with plumbing: Garage Number of Bedrooms 4   |
| Type of Water Supply:  Community Public Well Distance from well   |
| System Type: Conventional + IR4 Chambers Type III(3) 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. |
| Ex. Shed -20's 50' 19' Line of tay chamber  |
| Ex. Shed 120's 50' 19' Line of tay chamber  |
| 1 50 4 - 901  |
| ex. L.ght late  |
| Power Lines (x 90 - x 10 - 221)  Power Lines  Ex 90  Ex 90  of conventional   |
| power Lines / Ex do Conventional  |
| Ex 90   |
| Gard Jan  |
| De l'es   |
| Charles BIN 4-BR P  |
|   |
| Ex. 2014  |
|   |
| 75' CX Well   |
| 1   |
|   |
| 1 - Pump = 1 - [2]  |
| Reduce - W  |
| / Rep. ( )  |
| / '   |
|   |
| PERMIT CONDITIONS:  |
| 1. Performance: System shall perform in accordance with Rule (1981).  11. Monitoring: As required by Rule .1961.  12. Ne:11.S creek Rd  |
| 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:  |
| N. Oston  |
| 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 Added 94 of Lau Chambers Septic Tank: Ex. 1,000 gallons Pump Tank: gallons     |
|   |
| Subsurface No. of exact length of exact length of each ditches 4 of each ditches 90' feet ditches 3' feet ditches 18-124' inches  |
| French Drain Required: Linear feet  |
| <i>D.</i> /   |
| Authorized State Agent Authorized State Agent Date 6-18-24  |