Harnett County Department of Public Health

PERMIT # Bres 2406-0009 Operation Permit New Installation V Septic Tank M Nitrification Line Repair Expansion PROPERTY LOCATION: 1654 Hayes Rd Carlle Ils Beal ESTATE SUBDIVISION LOT # System Installer: Basement with plumbing: Number of Bedrooms Type of Water Supply:

Community ☐ Well 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: System shall perform in accordance with Rule . 1961. 1. Performance: II. As required by Rule .1961. Monitoring: 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, Operation: Other: D-Box H20Line **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property Type of system:

Conventional V Other Asptic Tank: gallons Pump Tank: 1000 Subsurface exact length width of depth of of each ditch 300 Drainage Field ditches feet ditches ditches inches French Drain Required: Linear feet 4-24-25 Authorized State Agent