

HTE# Repair

Harnett County Department of Public Health

23938

PERMIT # 28702
15-5-37374

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: _____

Name: (owner) Boone Trail Emergency Services SUBDIVISION _____ LOT # _____

System Installer: Advanced Septic Inc Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 215 sq ft

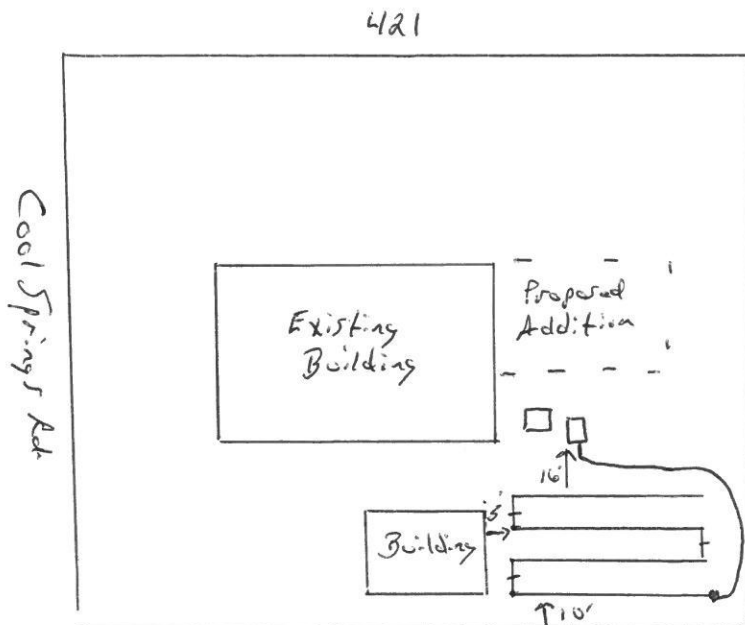
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: III b 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 Pump to EC Flow Septic Tank: Existing gallons Pump Tank: Existing gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 200 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent

[Signature] PEHS

Date

2/9/2016

Boone Trail Emergency Services
7016 US 421 Repair

