

HTE# REPAIR
11-5-26036
PERMIT # 26475

Harnett County Department of Public Health

Operation Permit

21915

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

PROPERTY LOCATION: BAILEYS CROSSROADS

Name: (owner) KS BANK INC SUBDIVISION _____ LOT # _____

System Installer: IVEY JOHNSON Registration # _____

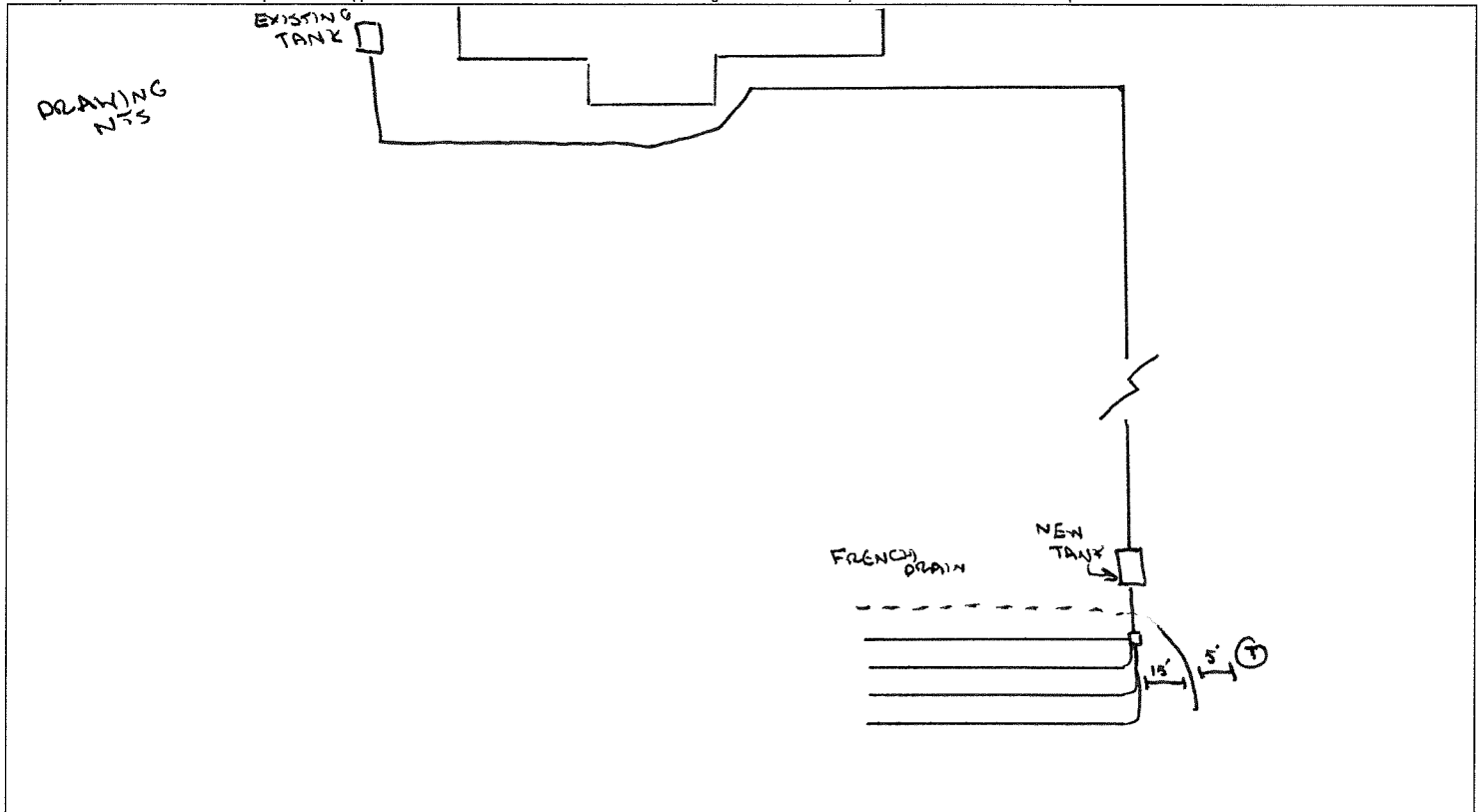
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 4

Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feet

System Type: IID 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 _____ Septic Tank: 1200 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 90 feet ditches 3 feet ditches 20-24 inches
French Drain Required: _____ Linear feet

Authorized State Agent

REHS

Date 3/10/11