HTE# _14-5-34032R_

PERMIT # _27899_

Harnett County Department of Public Health

23367

Operation Permit

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

PROPERTY LOCATION: _SR 1704 Tilghman RD_

Name: (owner) _John L STEPHENSON_   SUBDIVISION _____ LOT # _2_

System Installer: _Tyler Nordan_   Registration # _____

Basement with plumbing: ☐   Garage ☐   Number of Bedrooms _3_
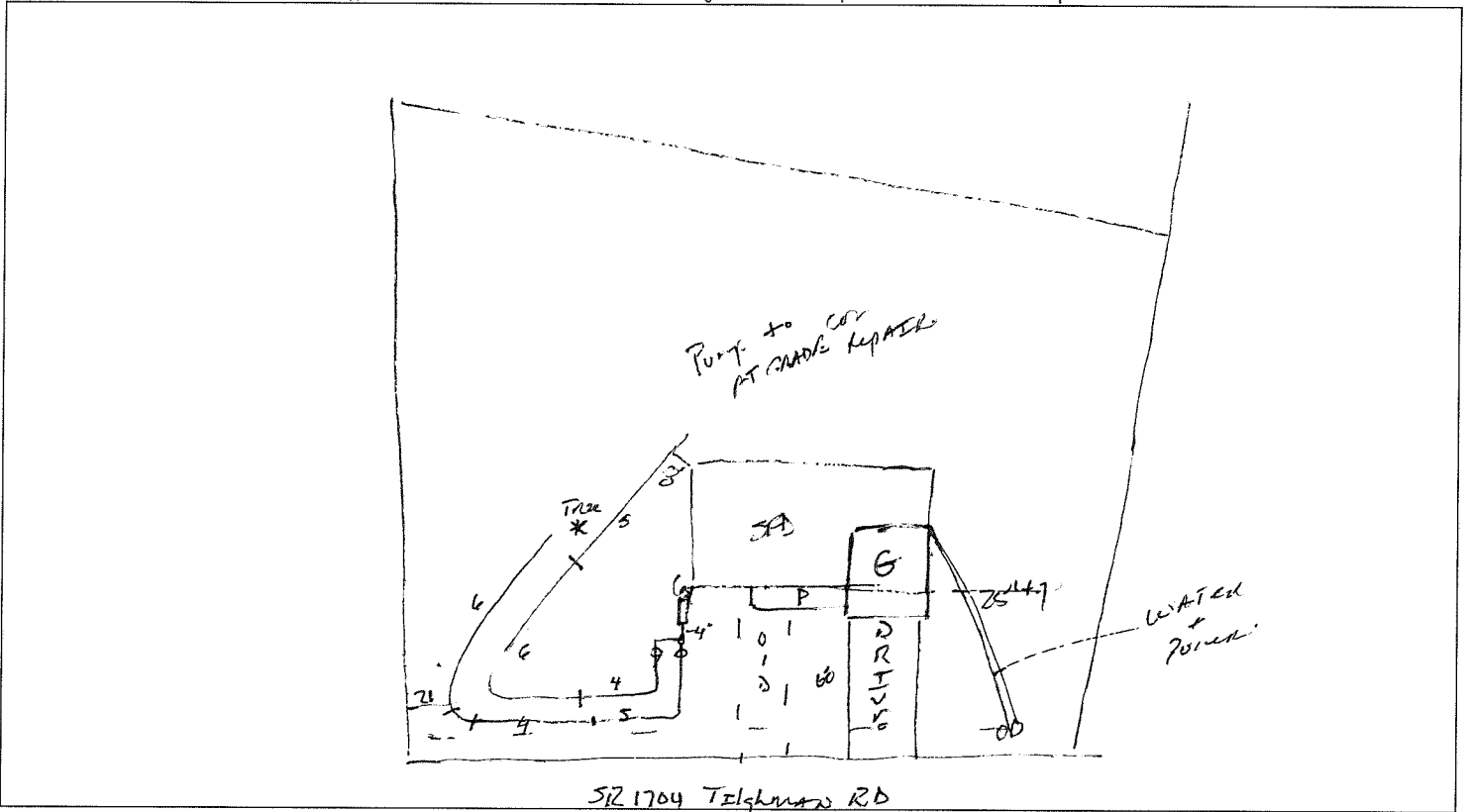
Type of Water Supply: ☐ Community   ☑ Public   ☐ Well   Distance from well _____ feet

System Type: _25% Reduction System Type III G F.Z Lay_   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.

SR 1704 Tilghman RD

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   ☐ _____ H20Line   ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional   ☑ Other _25% Reduction System_   Septic Tank: _1000_ gallons   Pump Tank: _____ gallons

Subsurface   No. of   exact length   width of   depth of

Drainage Field   ditches _2_   of each ditch _150_ feet   ditches _3_ feet   ditches _28→18_ inches

French Drain Required: _____ Linear feet

Authorized State Agent _____   Date _7-30-14_