Authorized State Agent_

Harnott County Donartment of Public Health

| HTE# 15-35-35-45-914 | namett county Department of | rublic Health | 23832 |
|---|------------------------------|----------------------------------|----------------------|
| PERMIT # 24348 | Operation Permi | <u>it</u> | 23032 |
| | New Installation 🔀 Sep | otic Tank 🛛 Nitrification Line 🗆 | ☐ Repair ☐ Expansion |
| PROPERTY LOCATION: PERCOCK RO | | | |
| Name: (owner) Welloo C | ONTURCTORS SUBDIVISION BUFFE | als Lances | LOT # <u>2~1)</u> |
| System Installer: TEO Brown Registration # | | | |
| Basement with plumbing: Garage Number of Bedrooms | | | |
| Type of Water Supply: Community Public Well Distance from well 100 feet | | | |
| 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. | | | |
| | | | |
| | 50' SETBACIC | | |

2 DC PEACOCK RD PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. As required by Rule .1961. Monitoring: 111. 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: Other: Pump D-Box Alarm H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. & Other CHAMBER (QHT) Septic Tank: 1000 Type of system:

Conventional gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 150 ditches 24ditches ___3 inches feet French Drain Required

REHS

Date

ME