HTE# _15-5-35834RR_   **Harnett County Department of Public Health**   23714

PERMIT # _28493_   **Operation Permit**

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

PROPERTY LOCATION: _Old Stage Rd._

Name: (owner) _Vikki Lisec_   SUBDIVISION _Port Inn Estates_   LOT # _10_

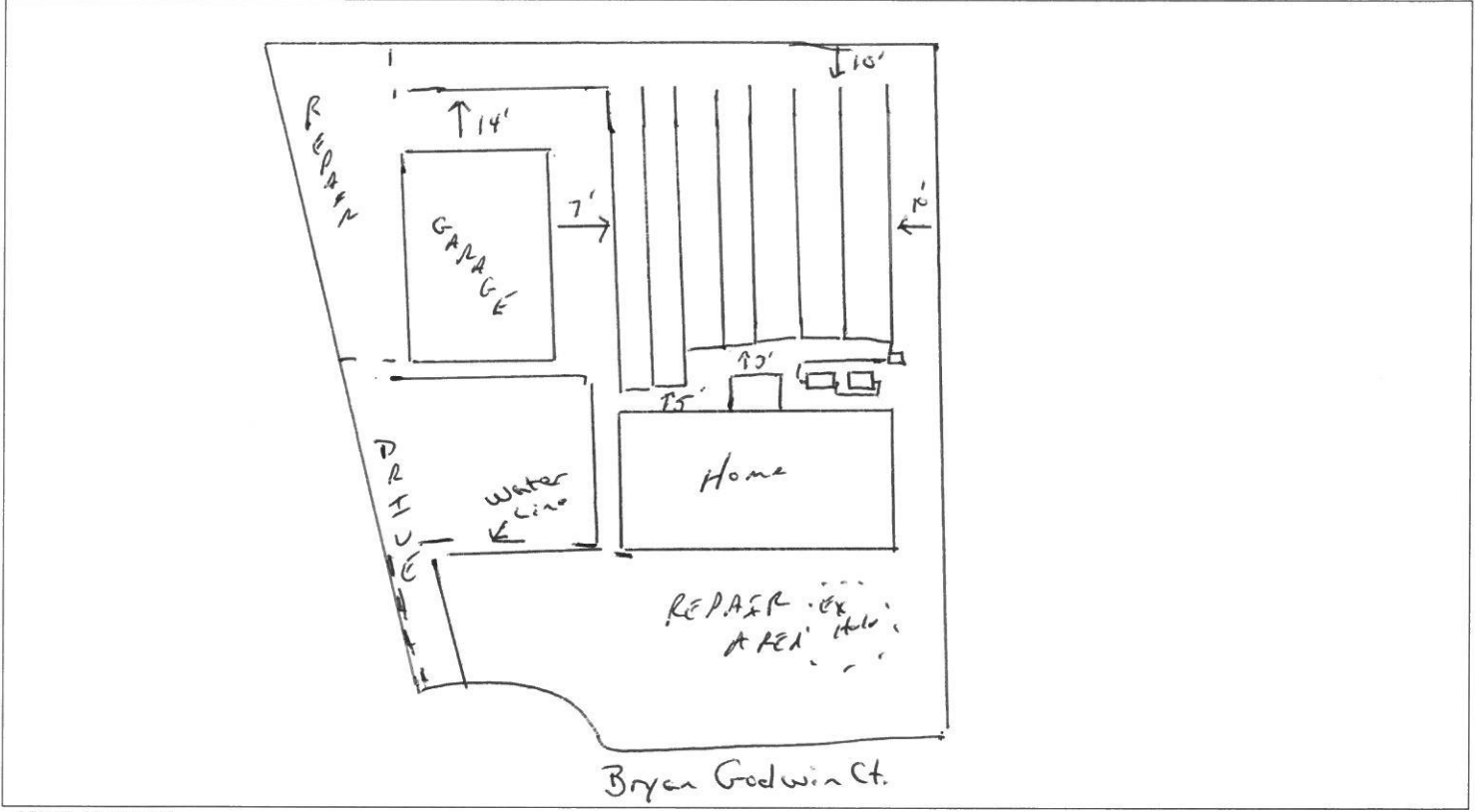System Installer: _Ottis Strickland_   Registration # _____

Basement with plumbing: ☐   Garage ☐ Number of Bedrooms _5_

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.

Bryan Godwin Ct.

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 _Pump to Quick 4 Chamber_ Septic Tank: _1250_ gallons Pump Tank: _1250_ gallons

Subsurface Drainage Field No. of ditches _1_   exact length of each ditch _500_ feet   width of ditches _3_ feet   depth of ditches _22-18_ inches

French Drain Required: _____ Linear feet

Authorized State Agent _Bryan McGinnis, REHS_   Date _10/14/2015_