## Harnett County Department of Public Health

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| DEDMIT | .11 | 1 14 | 61.6 |   |

Operation Permit

| PERMII #                   | 1301  | operation remit  |   |
|----------------------------|---|--|---|
|                            |   | New Installation Septic Tank Ni  | itrification Line  Repair  Fxpansion                |
|                            |   | PROPERTY LOCATION: Kirk Adoms  | (<0.1594)   |
| Name: (owner)              | Stracil Builders Too  | SUBDIVISION  | LOT # _/  |
| System Installer           | Stancil Builders  | Designation 4  | L01 # _ <u>/</u>                                    |
| Basement with plumb        |   | Registration #   |   |
|                            |   | <u> </u>   |   |
| Type of Water Supply       | : Community Public Well                                       | Distance from well _/35 feet   |   |
| (In accordance with T      | onventional Gravel Sys.                                       | Types V and VI Systems expire in 5   |   |
| (In accordance with T      | able v a)   | Owner must contact Health Department 6 months prior to   | o expiration for permit renewal.                    |
| This system has been insta | led in compliance with applicable North Carolina General Stat | utes, Rules for Sewage Treatment and Disposal, and all conditions of the   | Improvement Permit and Construction Authorization   |
|                            |   | the state of the s | improvement retinit and construction authorization. |
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|                            | 1   | CONV. CRAVEL REPA  | 1   |
|                            | 3   | TEPA   | Ant Ant A   |
|                            | (3)   |  |   |
|                            | 2 4   |  |   |
|                            |   | 89'  |   |
| L_                         | (10.5)  | 10.5   | - Inc   |
|                            |   | Vices (Constitution of Constitution of Constit | 4 p. 4.   |
| PERMIT CONDITIONS:         |   |  |   |
| I. Performance:            | System shall perform in accordance with Rule .                | 961.   |   |
| 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 operati             | on conditions, maintenance and reporting.  |   |
| IV. Operation:             |   |  |   |
| V Odbarn                   | (9-10-10-10-10-10-10-10-10-10-10-10-10-10-                    |  | <del></del>   |
| V. Other:                  |   |  |   |
|                            | D-Box Pump  | □Alarm □   | H20Line PWR Line                                    |
| Following are the speci    | fications for the sewage disposal system on the a             | bove captioned property  | A 7   |
| Type of system:            |   | Septic Tank: 1000  | gallons Pump Tank: gallons                          |
| Subsurface                 | No. of exact length   | width of   | depth of  |
| Drainage Field             | ditches Z of each ditc  | h 154 feet ditches 3   | feet ditches 28>18 inches                           |
| French Drain Required:     | Linear feet   | icet dittiles  | rect untiles Inches                                 |
|                            |   |  |   |
| Aughanian I Comme          | The said  | Meste.   | 07/10/2017  |
| Authorized State Ag        | ent Children  | Date   | 07/10/2014  |