HTE# 17-5-414532

## Harnett County Department of Public Health

24141

PERMIT # 295CS

Operation Permit

|                                                                                                | New Installation Septic Tank Nitrification Line                                                                     | ☐ Repair ☐ Expansion        |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------|
| W                                                                                              | PROPERTY LOCATION: 3159 JUNASION COUNT                                                                              | 01 (30 1551)                |
| Name: (owner) Southern But It, LCC                                                             | SUBDIVISION                                                                                                         | LOT # 3                     |
| System Installer: Stevent Bids                                                                 | Registration #                                                                                                      | 35-31 <del>5</del>          |
| Basement with plumbing: Garage Number of Bedroon                                               | ns3                                                                                                                 |                             |
| Type of Water Supply:  Community Public Well System Type:  35% Neduction 315.                  |                                                                                                                     |                             |
| (In accordance with Table V a)                                                                 | Types V and VI Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for pe | and the contraction of      |
|                                                                                                |                                                                                                                     |                             |
| 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. |
| 7                                                                                              |                                                                                                                     | 4                           |
|                                                                                                |                                                                                                                     |                             |
|                                                                                                | 0/0.15                                                                                                              |                             |
| /                                                                                              | 25% NEDUCTION                                                                                                       |                             |
|                                                                                                | REPAIR AREA                                                                                                         |                             |
|                                                                                                | 23                                                                                                                  |                             |
|                                                                                                | W1 (20(3)                                                                                                           |                             |
|                                                                                                | 14,1                                                                                                                |                             |
|                                                                                                | 75 51 51 51                                                                                                         |                             |
|                                                                                                | X 14ft from Sto                                                                                                     |                             |
|                                                                                                | +0 D-Box                                                                                                            |                             |
|                                                                                                | 382 5=5                                                                                                             |                             |
|                                                                                                |                                                                                                                     |                             |
|                                                                                                |                                                                                                                     |                             |
|                                                                                                | 212                                                                                                                 |                             |
|                                                                                                |                                                                                                                     |                             |
| _ /                                                                                            | /                                                                                                                   |                             |
|                                                                                                |                                                                                                                     |                             |
| JUHNSTON CONST                                                                                 | V                                                                                                                   |                             |
| PERMIT CONDITIONS:                                                                             | (52 1551)                                                                                                           |                             |
| 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 opera                                                | ation conditions, maintenance and reporting.                                                                        |                             |
| IV. Operation:                                                                                 |                                                                                                                     |                             |
| V. Other:                                                                                      |                                                                                                                     |                             |
| □ D-Box □ Pump                                                                                 | D. Marie D. Hooke D.                                                                                                |                             |
| following are the specifications for the sewage disposal system on the                         |                                                                                                                     | PWR Line                    |
| Type of system:  Conventional Other                                                            | above captioned property.  Septic Tank: 1000 gallons Pump T:                                                        | ank:                        |
| subsurface No. of exact leng                                                                   | th width of depth                                                                                                   |                             |
|                                                                                                |                                                                                                                     | 20 inches                   |
| rench Drain Required: Linear feet                                                              |                                                                                                                     |                             |
| Juthorized State Agent                                                                         |                                                                                                                     |                             |
| Authorized State Agent Commonwealth                                                            | Carry Mets Date =1   24                                                                                             | 2018                        |
|                                                                                                |                                                                                                                     |                             |

