French Drain Required:

Authorized State Agent\_

## Harnett County Department of Public Health

25297

PERMIT # 30074 Operation Permit ST 2008 New Installation Septic Tank Wittrification Line Repair Expansion PROPERTY LOCATION: 172 Charles McLeod Lo. (Harrell Rd) Name: (owner) Boal Alicia Leo. SUBDIVISION LOT # A System Installer: Gene's Backhoe service \_ Registration # Basement with plumbing: Garage Number of Bedrooms Distance from well feet Type of Water Supply: 

Community Public ☐ Well 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. 25% NEDUCTION D 1 HURVELL E no (sn 2008) MILEOD PERMIT CONDITIONS: 1. 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: ٧. 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 1 Other EZ Flow Illy Septic Tank: gallons Pump Tank: gallons Subsurface exact length No. of width of depth of Drainage Field ditches of each ditch 70 ditches ditches inches

Date