HTE# _EH1808-0008_   **Harnett County Department of Public Health**   25946

PERMIT # _30453_   **Operation Permit**

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

PROPERTY LOCATION: _27 Duchess Ct. (NC 210 N.)_

Name: (owner) _Kodiak Industries_   SUBDIVISION _Stockton S/D_   LOT # _30_

System Installer: _Bobby Davis Septic_   Registration # _____

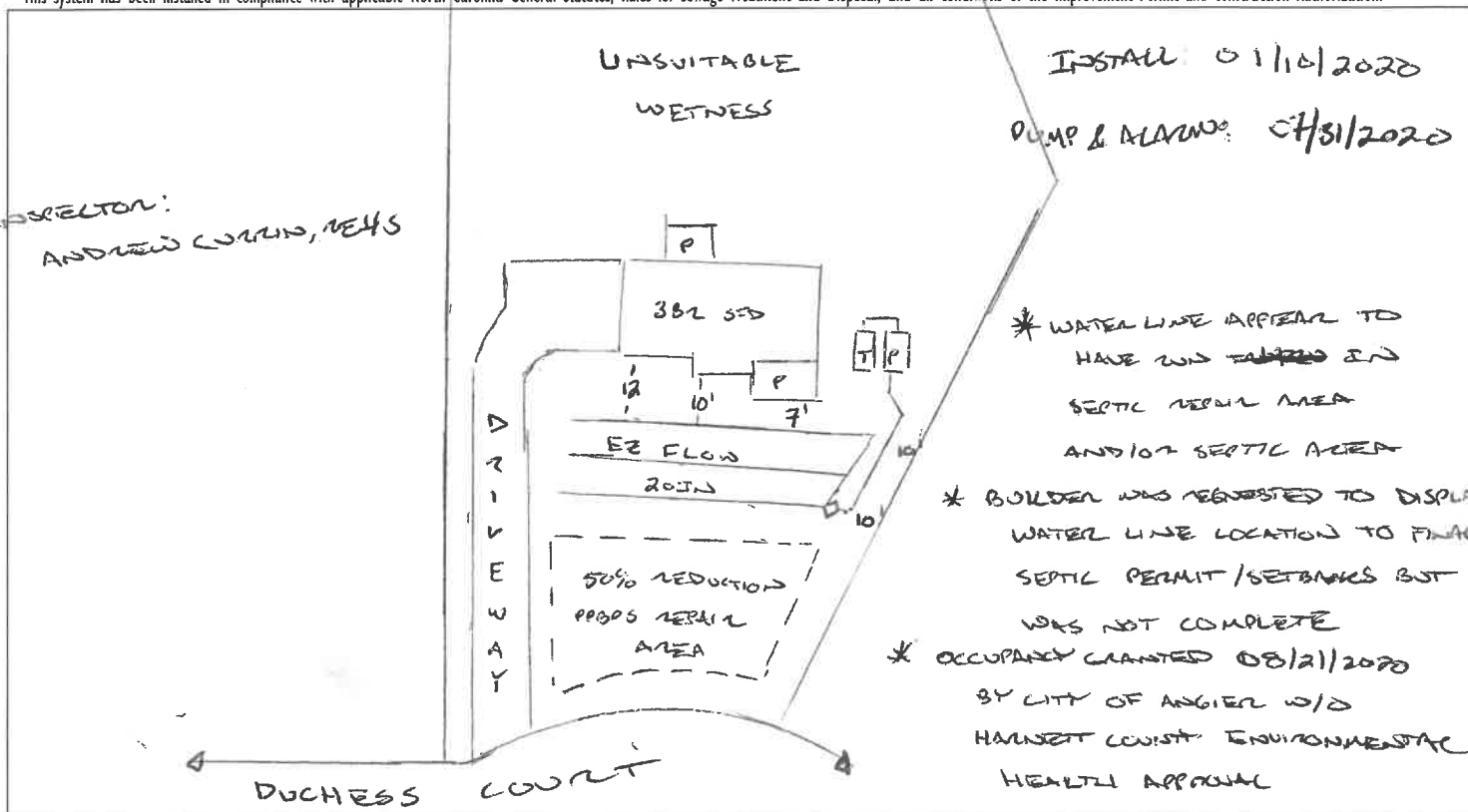Basement with plumbing: ☐   Garage ☒   Number of Bedrooms _3_

Type of Water Supply: ☐ Community   ☒ Public   ☐ Well   Distance from well _NA_ feet

System Type: _25% reduction s/s. IIIb_   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.

UNSUITABLE WETNESS

INSPECTOR: ANDREW CURRIN, REHS

P

3 BR S/D

P

EZ FLOW 20 IN

DRIVEWAY

50% REDUCTION PPBPS REPAIR AREA

DUCHESS COURT

INSTALL: 01/10/2020

PUMP & ALARMS: 07/31/2020

* WATER LINE APPEAR TO HAVE RUN IN SEPTIC REPAIR AREA AND/OR SEPTIC AREA

* BUILDER WAS REQUESTED TO DISPLAY WATER LINE LOCATION TO FINALIZE SEPTIC PERMIT/SETBACKS BUT WAS NOT COMPLETE

* OCCUPANCY GRANTED 08/21/2020 BY CITY OF ANGIER W/O HARNETT COUNTY ENVIRONMENTAL HEALTH APPROVAL

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   ☐ _____ H2OLine   ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional   ☒ Other _EZ Flow IIIb_   Septic Tank: _1000_ gallons   Pump Tank: _1000_ gallons

Subsurface Drainage Field	No. of ditches _3_	exact length of each ditch _75_ feet	width of ditches _3_ feet	depth of ditches _20_ inches

French Drain Required: _____ Linear feet

Authorized State Agent _____   Date _____