

HTE# _____

Harnett County Department of Public Health

25142

PERMIT # 29984

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION 51780 Arrowhead RD

Name: (owner) Betty Aldridge SUBDIVISION _____ LOT # _____

System Installer: Dennis Madlen Registration # _____

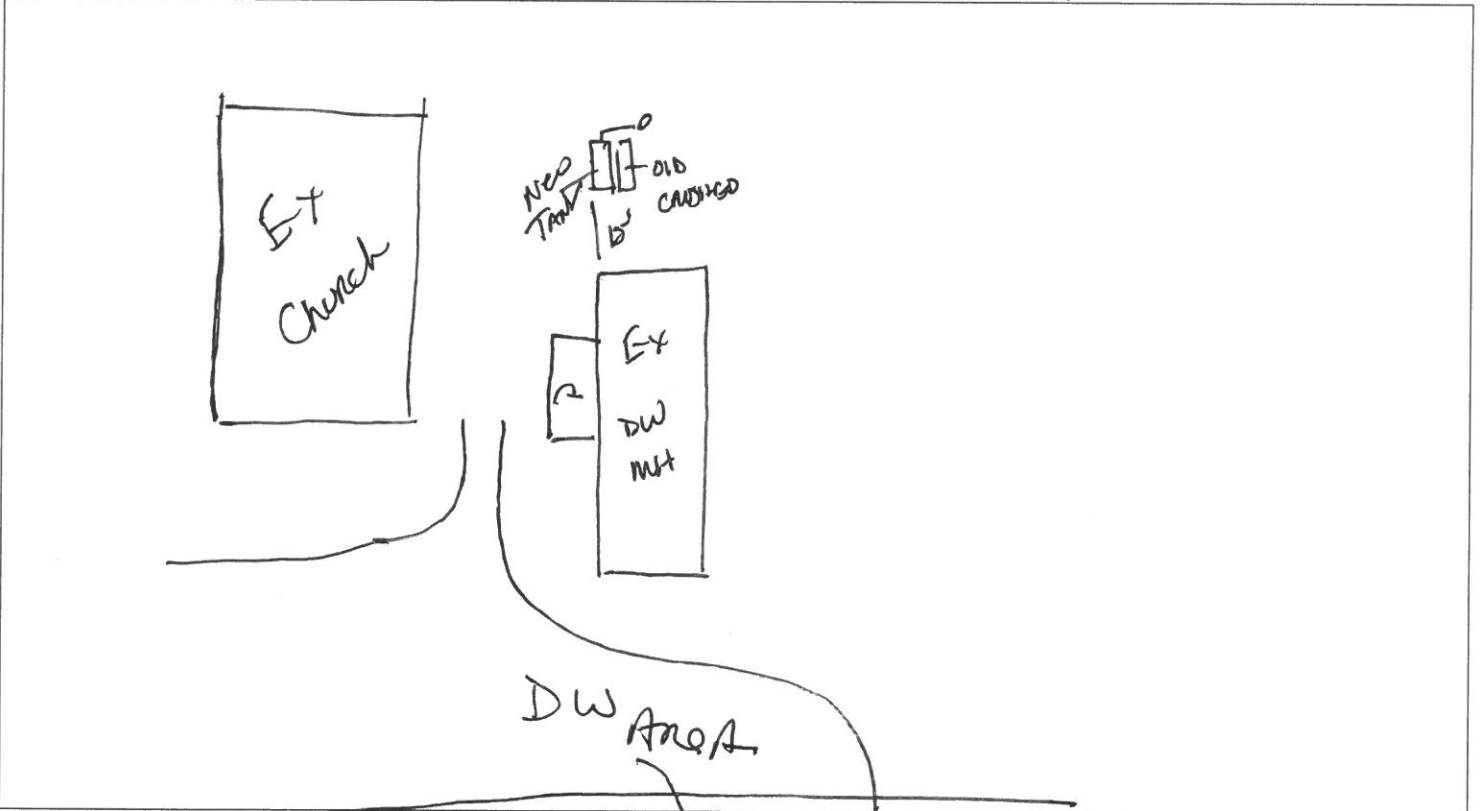
Basement with plumbing: Garage Number of Bedrooms —

Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: _____ 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.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961. 51780 Arrowhead RD
- 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 H2O Line PWR Line

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

Type of system: Conventional Other NEW TANK Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of

Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markant Date 12-6-18



SR1780 Arrowhead rd 12-6-18



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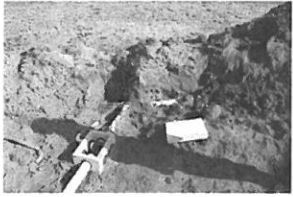
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