HTE# EH1911-600%

Harnett County Department of Public Health

25927

PERMIT # ______

Operation Permit

| □ New Installation 🗵 Septic Tank □ Nitrification Line 💆 Repair □ Expansion | | | |
|--|------|--|--|
| PROPERTY LOCATION: 2297 Arrowhead Read (Sr 1780) | | | |
| Name: (owner) | | | |
| System Installer: Grade A Septic Registration # 58 43 | | | |
| Basement with plumbing: Garage Number of Bedrooms 3 | | | |
| Type of Water Supply: Community Public Well Distance from well Feet | | | |
| System Type: Extisting Conventional Sys IIa 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. | | | |
| * EXT TANK PUMPES, | | | |
| CAUSHED, AND GACKFILLED | > | | |
| 0005178 | | | |
| | | | |
| BLD X EXT DRAINFIELD LOCKTION | Ci C | | |
| TI- Bas = 0 000 000 FOR | | | |
| AND TOBERT IVET | | | |
| 61/06/1994 | | | |
| PERMIT # 7114 | | | |
| 302 MH | | | |
| | | | |
| <u>e</u> ; | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| to Arrowhead ab | | | |
| 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: | | | |
| V. Other: | | | |
| | 1: | | |
| | Line | | |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other gallon Pump Tank: gallon gallon Pump Tank: gallon | nr. | | |
| Substantian No. of avant langth width of adapth of | | | |
| Subsurface No. of exact length of exact length of each ditches 2 (Ext) of each ditch exact length of exact len | | | |
| French Drain Required: Linear feet | | | |
| | | | |
| Authorized State Agent Date 11 22 2019 | | | |
| Maniorized state usent the second sec | | | |

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

| Name: (owner) Robert Veg Property Location: SR# 1780 Subdivision | D Repairs | |
|--|-------------|--|
| Type of system: Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length of each ditch width of the ditches ft. ditches in. French Drain: Linear feet | | |
| PERMIT NO. 8092 Inspected by:: James J. Boyue Environmental Health Specialist | | |
| Son while | B about and | |