

HTE# EH1912-0006

Harnett County Department of Public Health

25

PERMIT # _____

Operation Permit

New Installation Septic Tank Nitrification Line Rep

PROPERTY LOCATION: 145 Bella Hamming

Name: (owner) Robert Carson

SUBDIVISION Mamie Bell Ridge

System Installer: Sinane McDonald

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

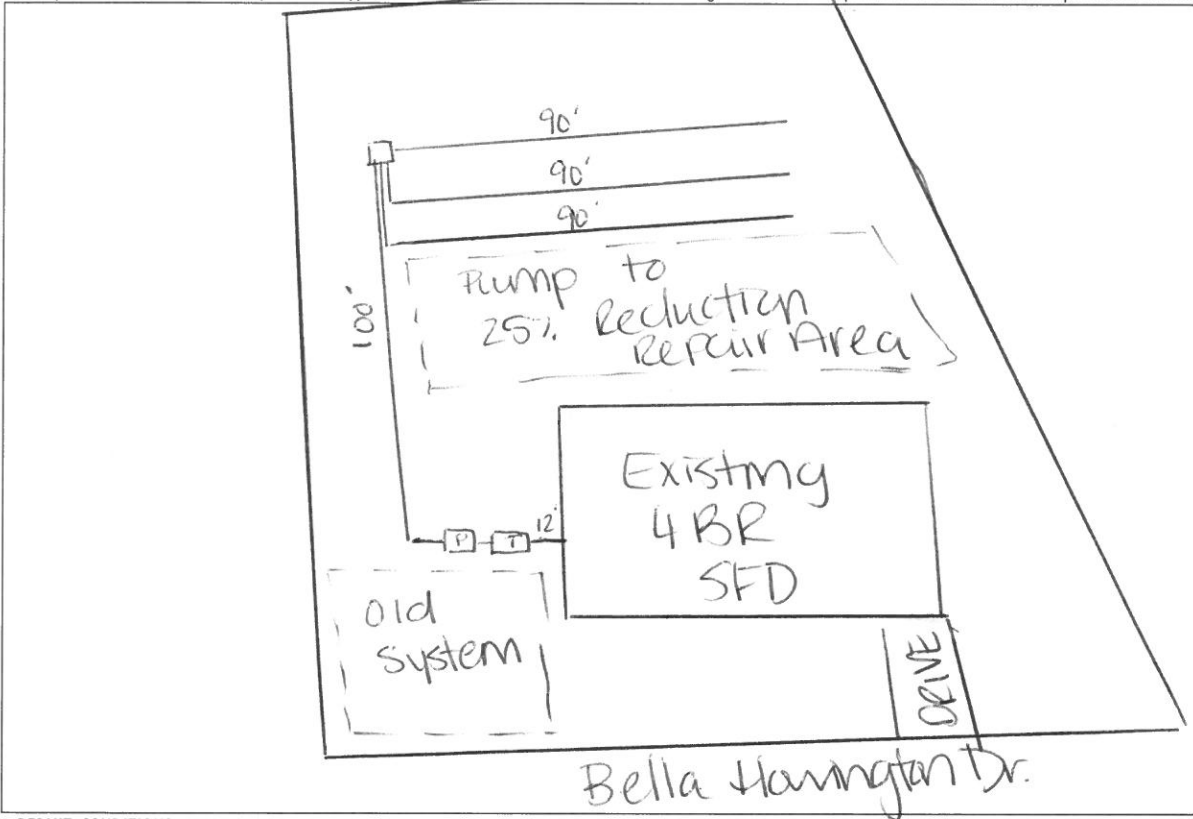
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III b Quick 4+ 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 renew

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



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 H2O Line

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

Type of system: Conventional Other III b Quick 4+ Septic Tank: _____ gallons Pump Tank: 10
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 270 feet ditches 3 feet ditches 18
French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 12/19/19