

HTE# EH 2005-0002

Harnett County Department of Public Health

25839

PERMIT # _____

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SL 1415 FAWLS CHURCH RD

Name: (owner) Earl Blackson SUBDIVISION _____ LOT # _____

System Installer: RON WALL Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

Type of Water Supply: Community Public Well Distance from well 50' feet

System Type: 15% REDUCER SYSTEM TYPE #6 5200 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.
- 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 25% REDUCER Septic Tank: 1800 gallons Pump Tank: _____ gallons
 Subsurface No. of 1 exact length 90 width of _____ depth of _____
 Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet ditches 32-18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 5-12-20