

HTE# _____

Harnett County Department of Public Health

No. 26659

PERMIT # EH 2005-0005

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 215 Briarwood Pl

Name: (owner) Terrance Johnson SUBDIVISION _____ LOT # _____

System Installer: DC Carter Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

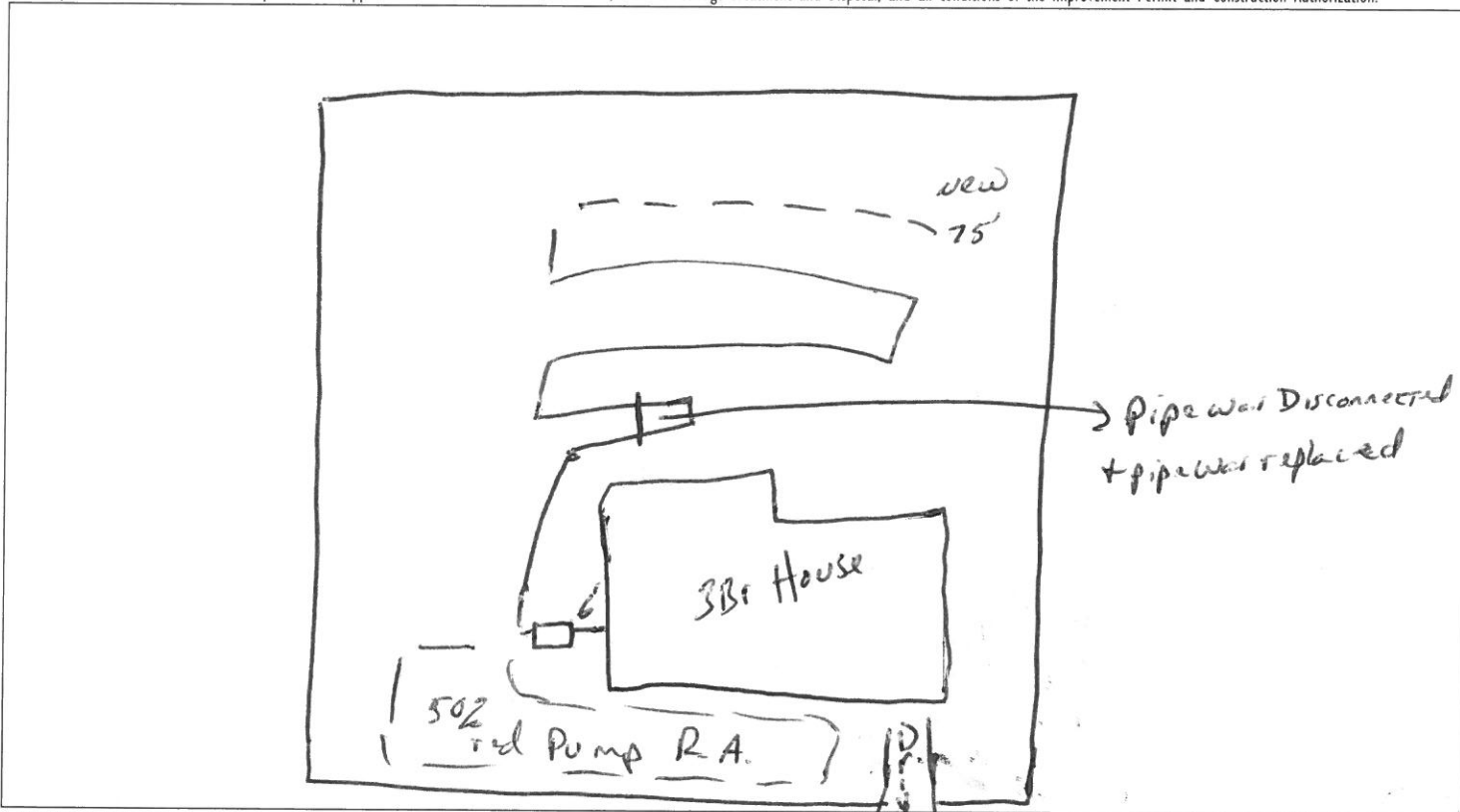
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: TYPE III (EQ4) 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. Briarwood Pl

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) 75' x 3' EQ4 line Added + Risers to (id) of Septic Tank

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 EQ4 Septic Tank: Existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 75 feet ditches 3 feet ditches 20 inches

French Drain Required: _____ Linear feet

Authorized State Agent Mah Al D. E. H. Jones E. M. ... Date 11-3-2020