

Harnett County Department of Public Health

PERMIT # EH2006-0026

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: 327 WIRE RD

Name: (owner) SYLVIA SANDERS SUBDIVISION _____ LOT # _____

System Installer: REGGIE CARTER

Basement with plumbing: Garage Number of Bedrooms 2

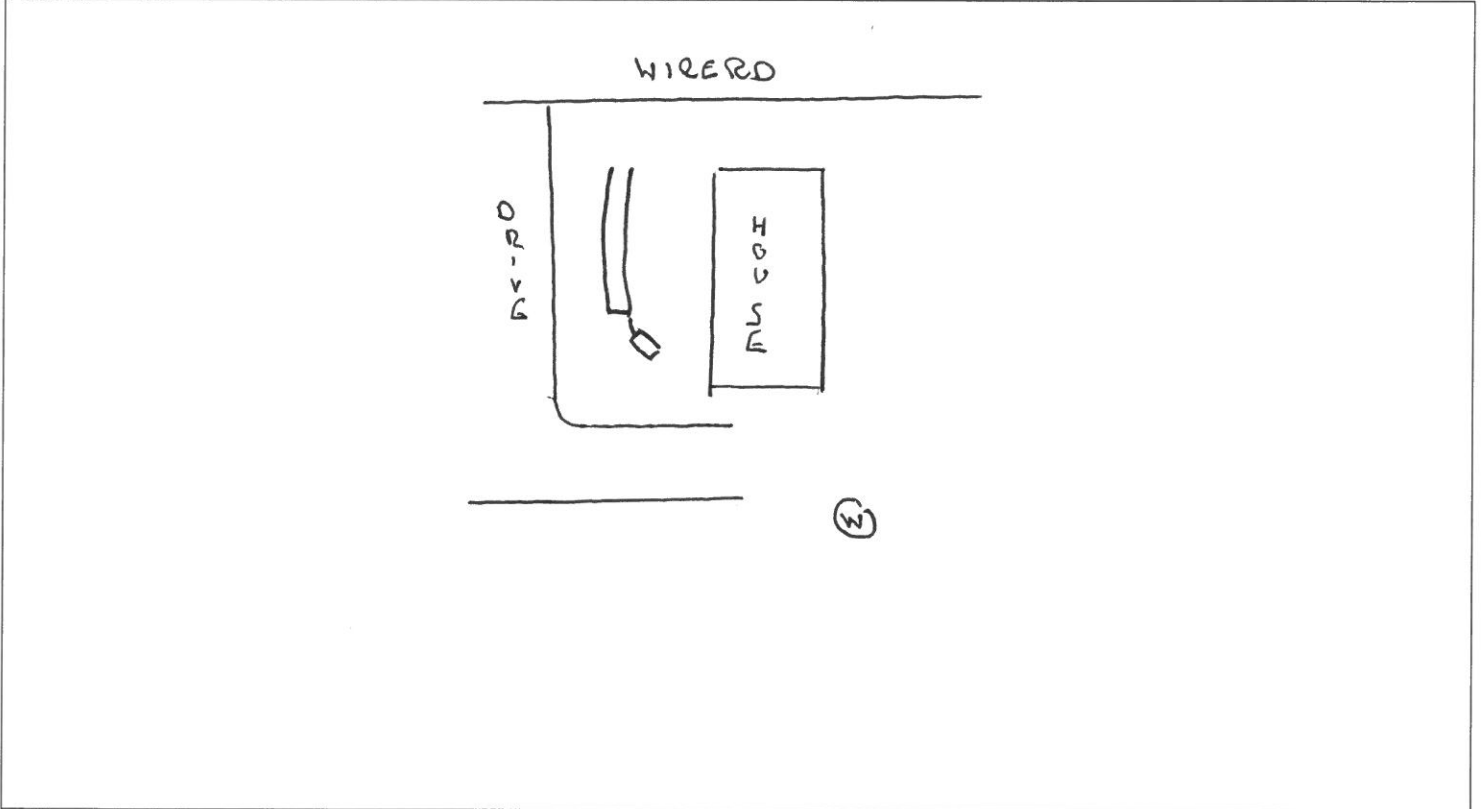
Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: III 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 CH⁺ (CHAMBER) Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 150 feet width of ditches 3 feet depth of ditches 18-27 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 10/2/20