

HTE# _____

Harnett County Department of Public Health

No. 26660

PERMIT # EH 2007-0005

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 10200 NC 27 W

Name: (owner) Melvin McRae

SUBDIVISION _____

LOT # _____

System Installer: Cox Grading

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

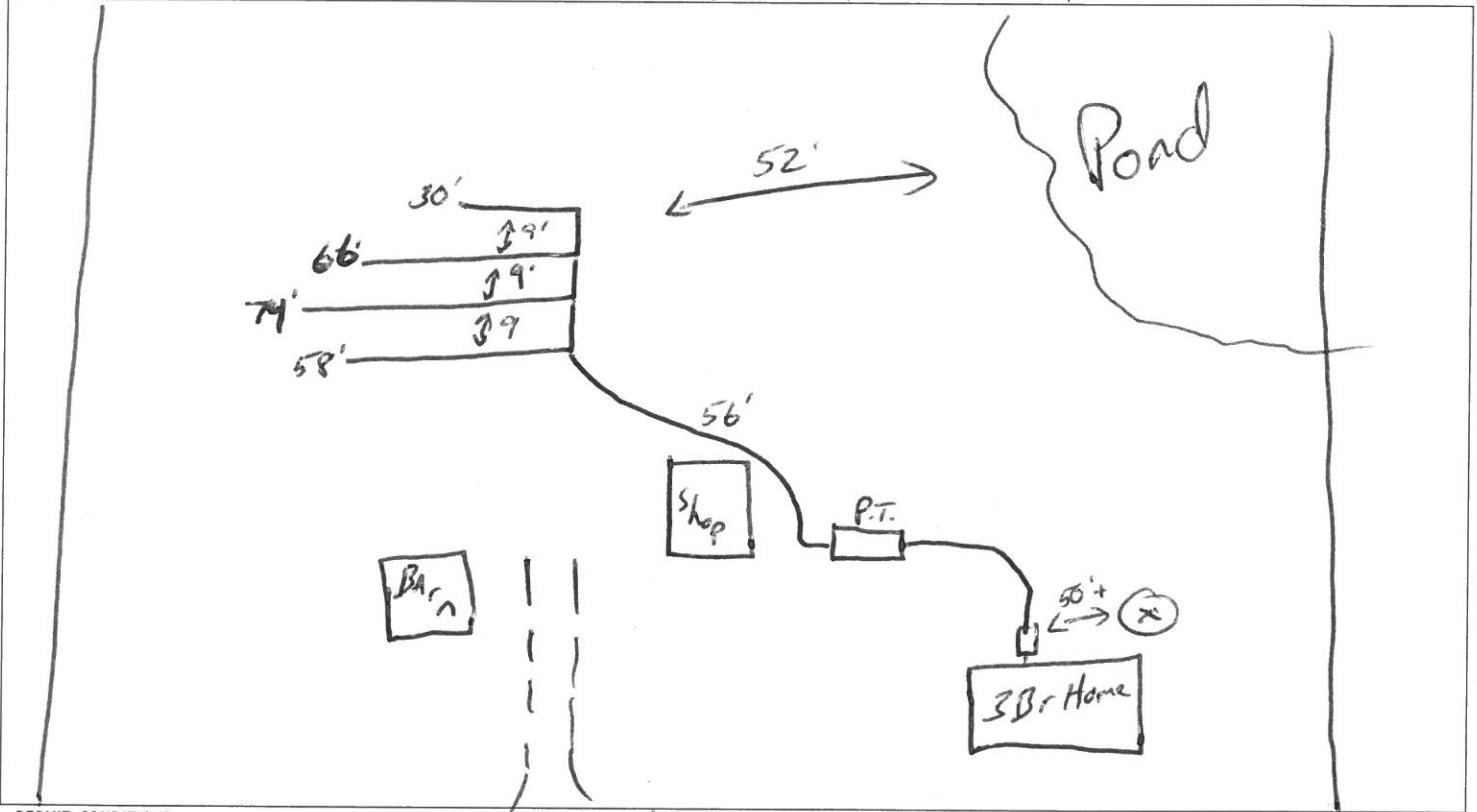
Type of Water Supply: Community Public Well Distance from well 50+ feet

System Type: Type III (25% reduction) IEG4 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 IEG4 (25% reduction) Septic Tank: _____ gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 228 feet ditches 3 feet ditches 22 inches

French Drain Required: _____ Linear feet

Authorized State Agent Melvin McRae Date 11-3-2020