

HTE# _____

Harnett County Department of Public Health

25865

PERMIT # FH 2012-0009

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 1155 Adams RD

Name: (owner) Henka Frascorano SUBDIVISION _____ LOT # _____

System Installer: Shane McDonald Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

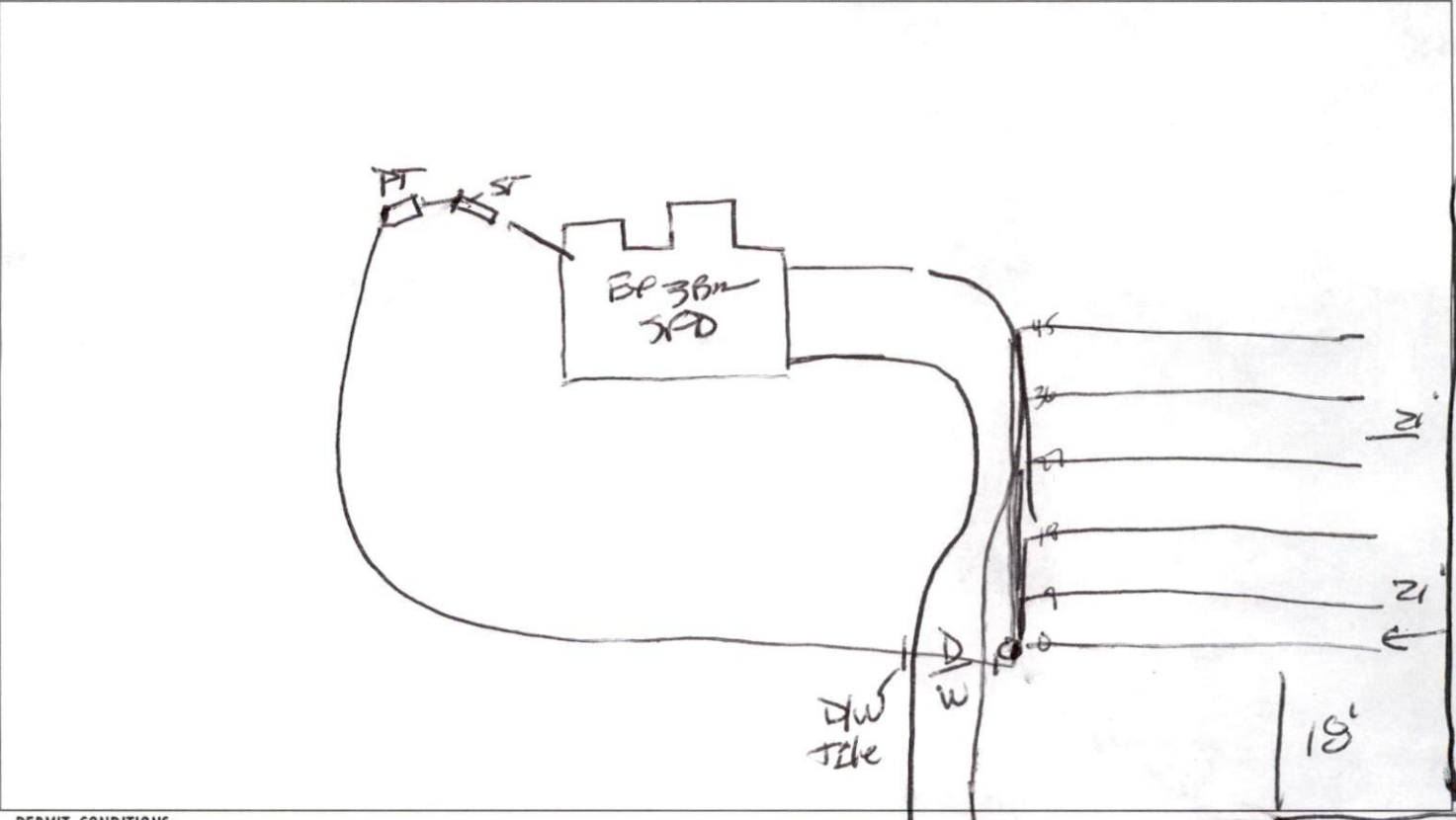
Type of Water Supply: Community Public Well Distance from well 50' feet

System Type: Prop to 2502 Red System Type IIB 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.

Charles Quirk

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: _____

on 2017 Adams RD

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% structure Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 6 of each ditch 50 feet ditches 3 feet ditches 24-18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 3-12-21