

HTE# \_\_\_\_\_

# Harnett County Department of Public Health

No. 26309

PERMIT # EH 2104-0016

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 919 Bella Bridge Rd (SR1211)

Name: (owner) Jeffery Ray SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: S. Cox Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 4

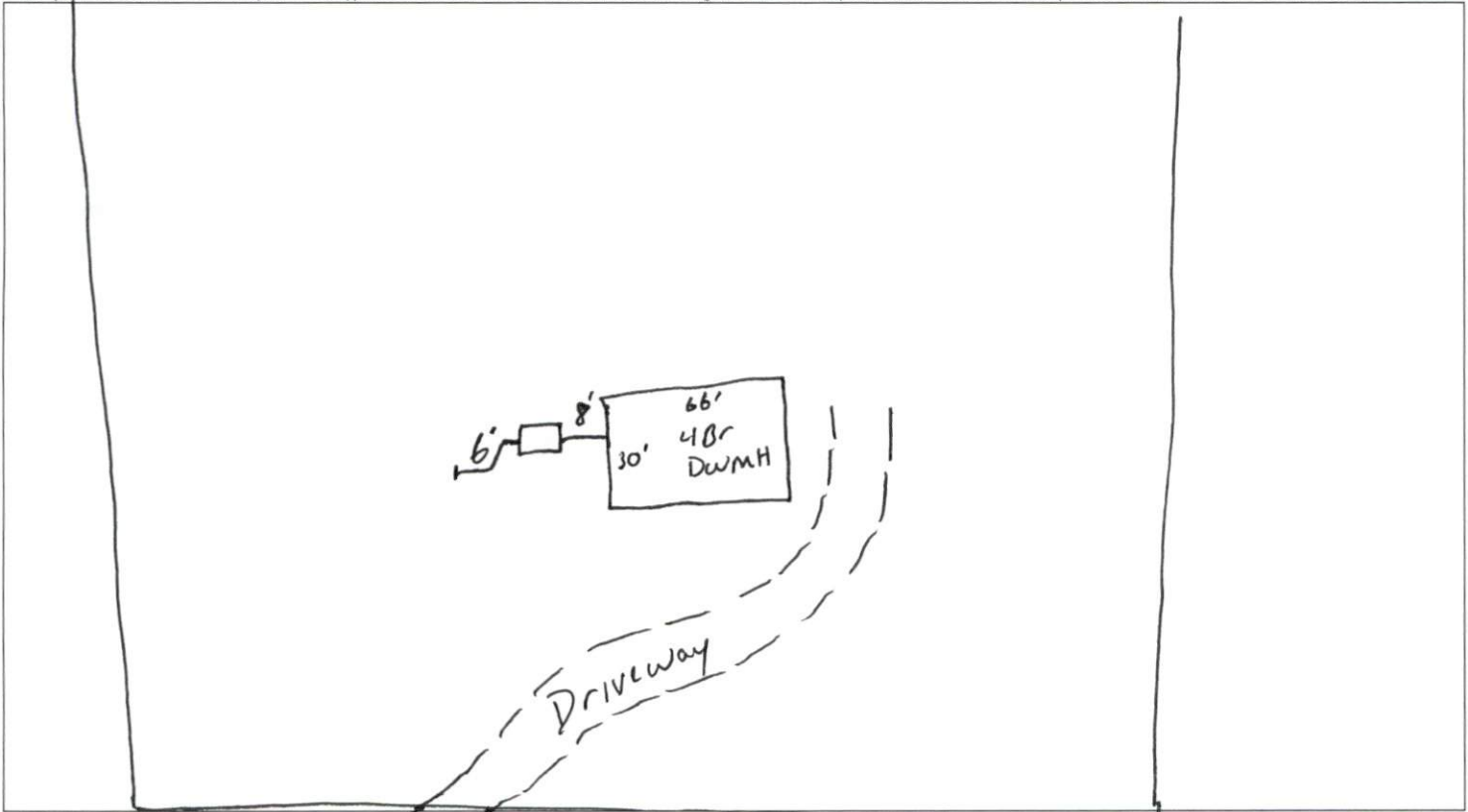
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: TANK ONLY 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 TANK ONLY Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field: No. of ditches EXISTING exact length of each ditch EXISTING feet width of ditches \_\_\_\_\_ feet depth of ditches \_\_\_\_\_ inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Mark M. REHS Date 5-21-21