

HTE# _____

Harnett County Department of Public Health

No. 26310

PERMIT # EH2105-0011

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 496 Byrd Rd (SR 2032)

Name: (owner) James Nighbas SUBDIVISION _____ LOT # _____

System Installer: G. Temple Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

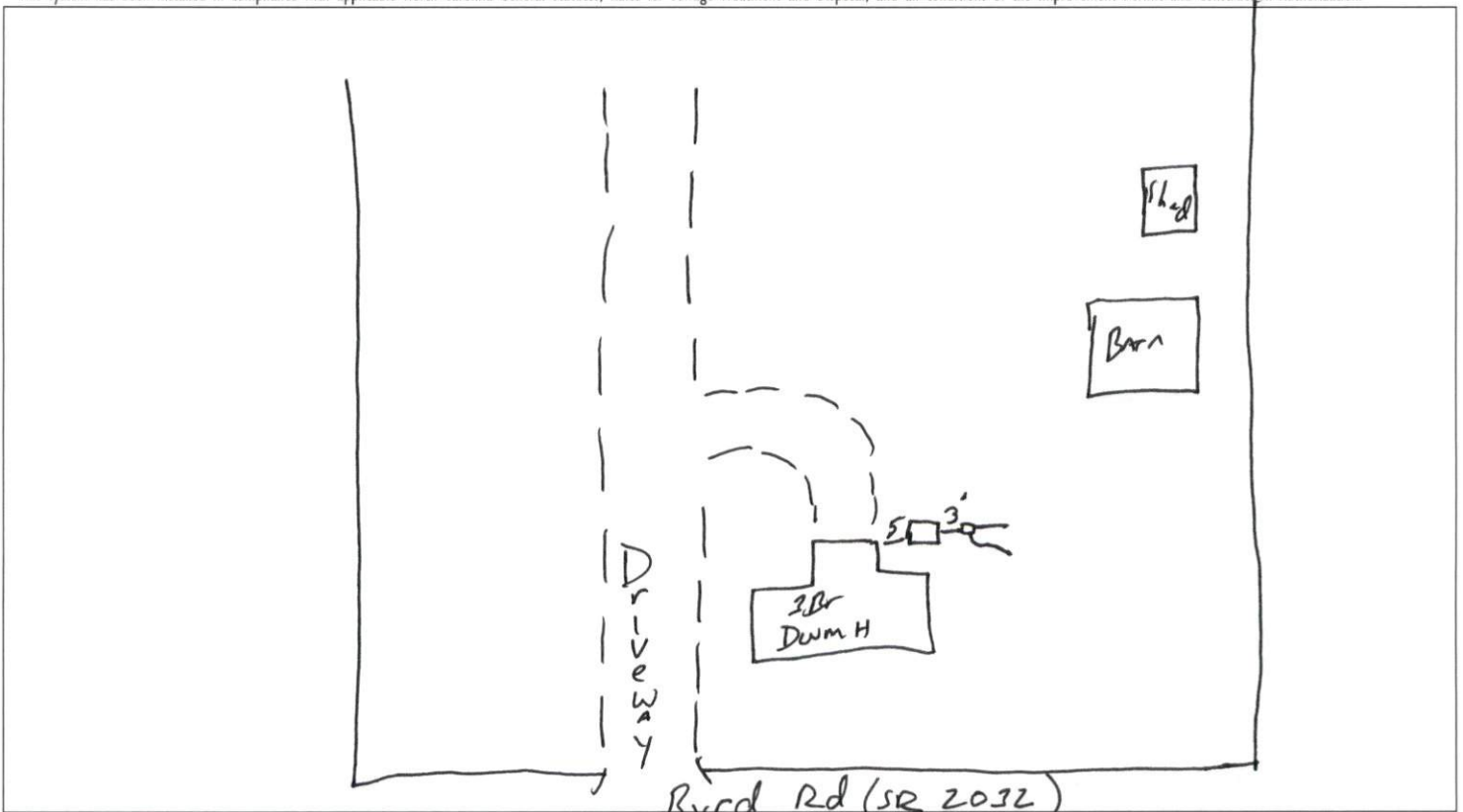
Type of Water Supply: Community Public Well Distance from well _____ feet

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 replacement Septic Tank: 1000 ^{nccp} gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches (2) Existing exact length of each ditch Existing feet width of ditches _____ feet depth of ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent Mal O'H REW Date 5-21-21