Harnett County Department of Public Health

PERMIT # EH2105-0021

Operation Permit

☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☑ Repair ☐ Expansion

PROPERTY LOCATION SR 1810 STEWART RD

Name: (owner) Sandra McLamb SUBDIVISION _____ LOT # _____

System Installer: Charles Johnson

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 2

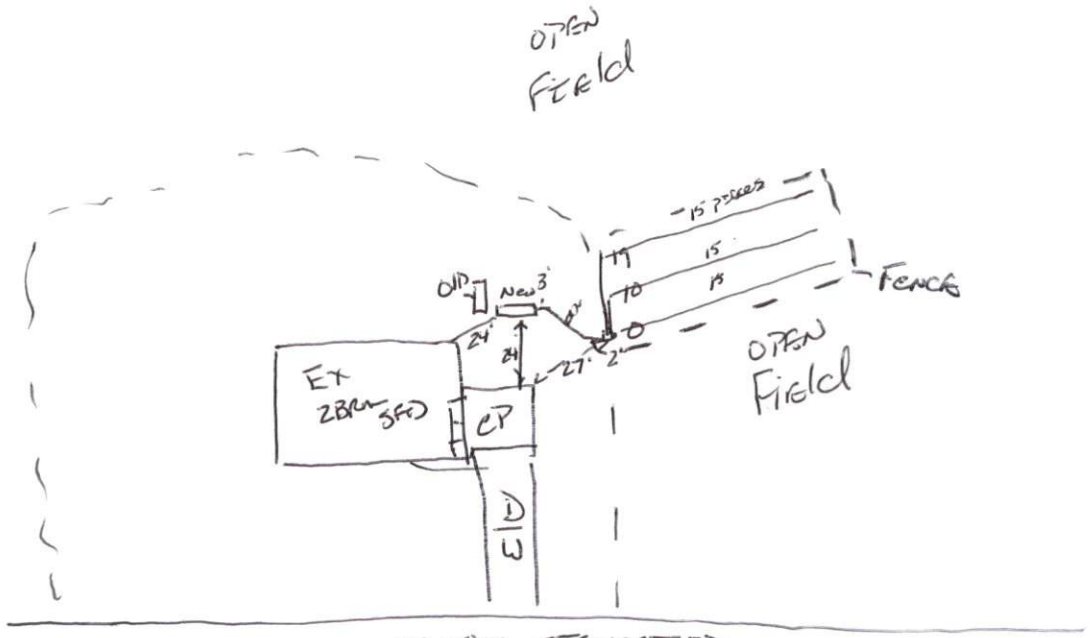
Type of Water Supply: ☐ Community ☑ Public ☑ Well Distance from well 50' feet

System Type: 25% Reduction System Chamber Quick 4 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.

*NEEDS FENCE AROUND System 12-1-21



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 ☐ _____ H2OLine ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property. JRC

Type of system: ☐ Conventional ☑ Other 25% REDUCTION Chamber Septic Tank: New 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 60 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E Manhart for REHS Date 12-8-21