

HTE# _____

Harnett County Department of Public Health

No. 26379

PERMIT # EH2109-0001

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 82 MAcon CT (SR114)

Name: (owner) Rachel Cullen SUBDIVISION Highland Forest LOT # 102

System Installer: Larry Sharps Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

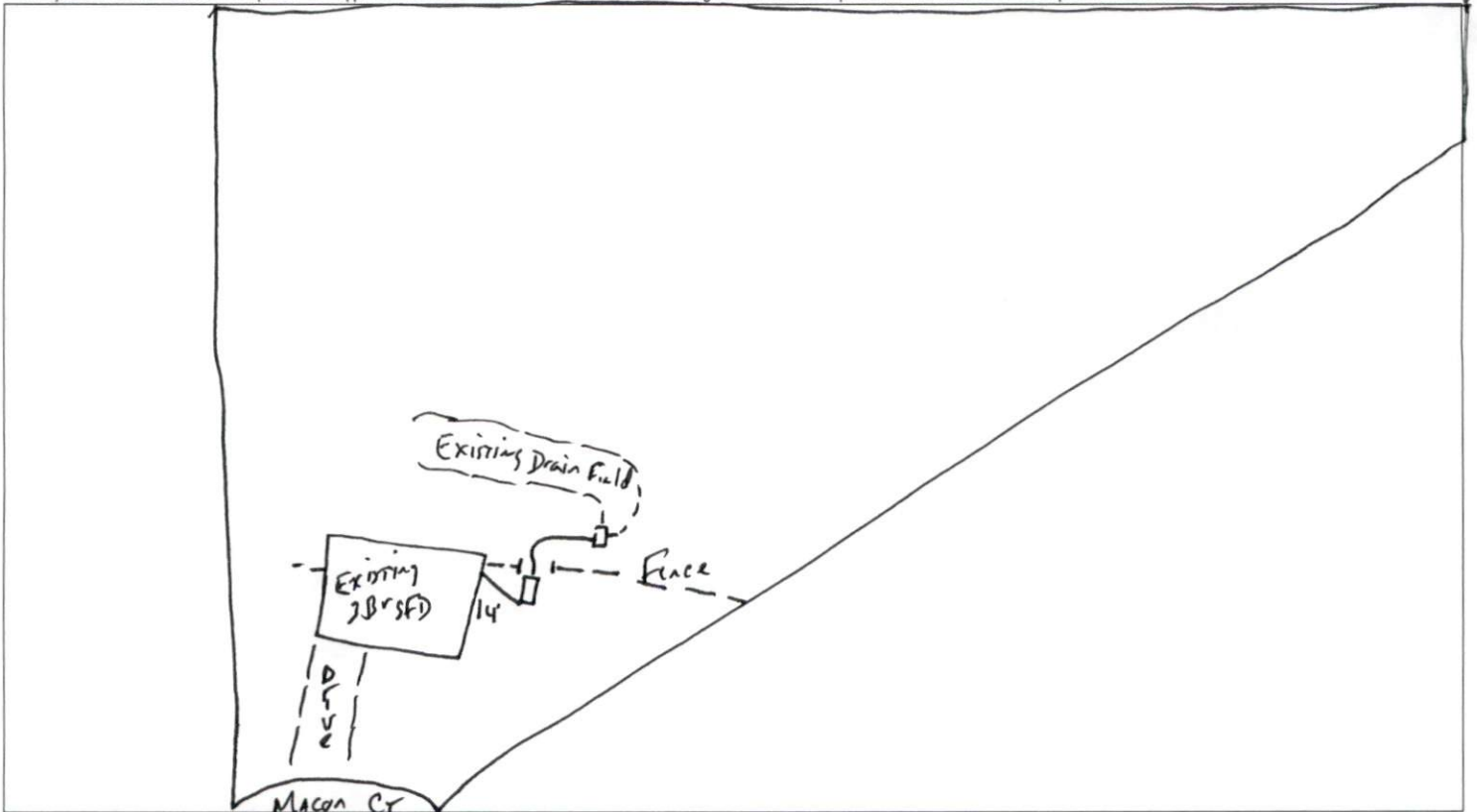
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: TANK + Dbox 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.

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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: _____

X 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 _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of _____ exact length _____ width of _____ depth of _____
Ditches _____ of each ditch _____ feet _____ feet _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent Moh M REHS Date 10-6-21