

# Harnett County Department of Public Health

PERMIT # EH 2202-0003

## Operation Permit

New Installation  
  Septic Tank  
  Nitrification Line  
  Repair  
  Expansion

PROPERTY LOCATION: 55 GARY WILLIAMS RD      SUBDIVISION \_\_\_\_\_      LOT # \_\_\_\_\_

Name: (owner) CHRISTINE WILLIAMS      SUBDIVISION \_\_\_\_\_      LOT # \_\_\_\_\_

System Installer: A PLUS

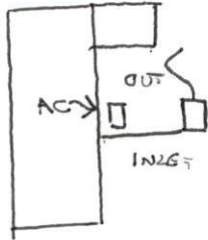
Basement with plumbing:     Garage     Number of Bedrooms 3

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

System Type: TANK REPLACEMENT      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: TANK REPLACEMENT

\_\_\_\_\_ 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      No. of      exact length      width of      depth of

Drainage Field    ditches \_\_\_\_\_    of each ditch \_\_\_\_\_ feet    ditches \_\_\_\_\_ feet    ditches \_\_\_\_\_ inches

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

Authorized State Agent [Signature]      Date 3/22/22