Harnett County Department of Public Health

Operation Permit

PERMIT # _EH2203-0005_   867 Ammons

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

PROPERTY LOCATION: _SR 1751 Ammons Rd   867 Ammons Rd_

Name: (owner) _Dustin Joseph Hereon_   SUBDIVISION _____ LOT # _____

System Installer: _Tomas Avela_

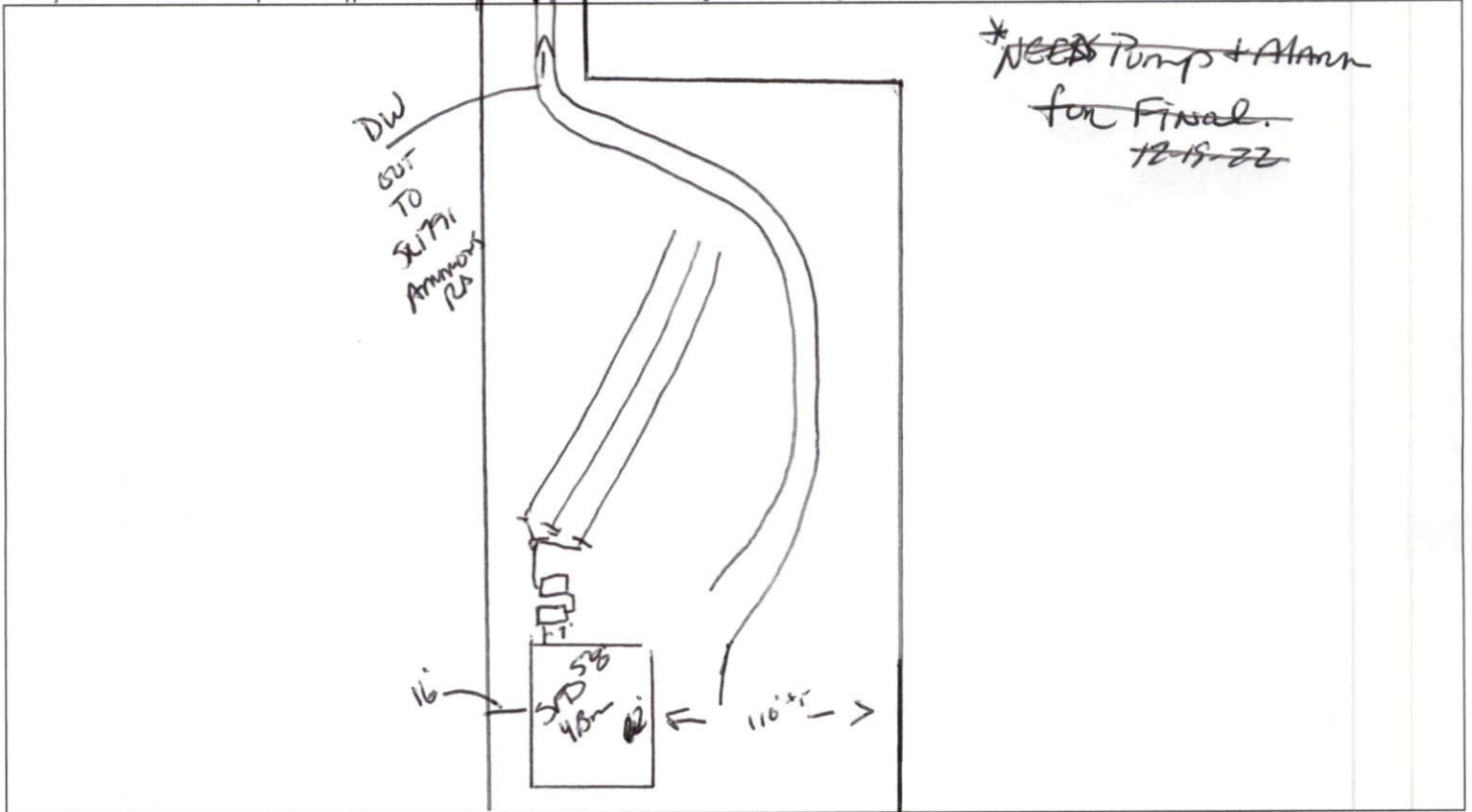Basement with plumbing: ☐   Garage ☐ Number of Bedrooms _4_

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

System Type: _Pump to 2530 N3DUCTION System_   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.

DW
out
to
SR1751
Ammons
Rd

*NEED Pump + Alarm
for Final.
12-19-22

16

58
SD
4Br

110'±

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 ☐ _____ H20Line ☐ _____ PWR Line

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

Type of system: ☐ Conventional ☑ Other _Pump to 2530 Reluction_   Septic Tank: _1000_ gallons Pump Tank: _1000_ gallons

Subsurface Drainage Field   No. of ditches _3_   exact length of each ditch _120_ feet   width of ditches _3_ feet   depth of ditches _18"_ inches

French Drain Required: _____ Linear feet

Authorized State Agent _James E Manhart_ _REHS_   Date _1-5-23_