Harnett County Department of Public Health

| PERMIT # EH 2203 0014 | Operation Permit | ¥ |
|---|---|-----------------------|
| | New Installation Septic Tank Nitrification Line PROPERTY LOCATION: | Repair Expansion |
| | PROPERTY LOCATION: 8000 Cox MILL RS | |
| Name: (owner) | SUBDIVISION | LOT # |
| System Installer: LARRY SHARRE | -52 | |
| Basement with plumbing: Garage Mumber of Bedrooms | 18 m1602 m5 | |
| Type of Water Supply: Community Public Well System Type: | Distance from well 80 feet | |
| System Type: | Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for perm | nit renewal |
| (in accordance with faste via) | | |
| 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. | | |
| | | |
| | REPAIR ADEA LO LO LO LO LO LO LO LO LO L | |
| C | OX MILL RD | |
| | | |
| PERMIT CONDITIONS: | 1041 | |
| I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961. | .1701. | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes 🗆 N | | |
| If yes, see attached sheet for additional operation | tion 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 HAM | Septic Tank: 1000 gallons Pump | |
| Subsurface No. of exact leng | th width of depth | of 13 OH |
| Drainage Field ditches of each di | itch 720 feet ditches 3 feet ditche | es <u>R-24</u> inches |
| Trench Drain requires Tipes feet | | |
| Authorized State Agent | PEHS Date Date | 27 |
| nationized state ngent | Date Per 211 | |