

Harnett County Department of Public Health

PERMIT # FA2206-0012

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: Hwy 210 S

Name: (owner) JOE Rhodges SUBDIVISION _____ LOT # _____

System Installer: Clint Adams

Basement with plumbing: Garage Number of Bedrooms 2 Chases

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

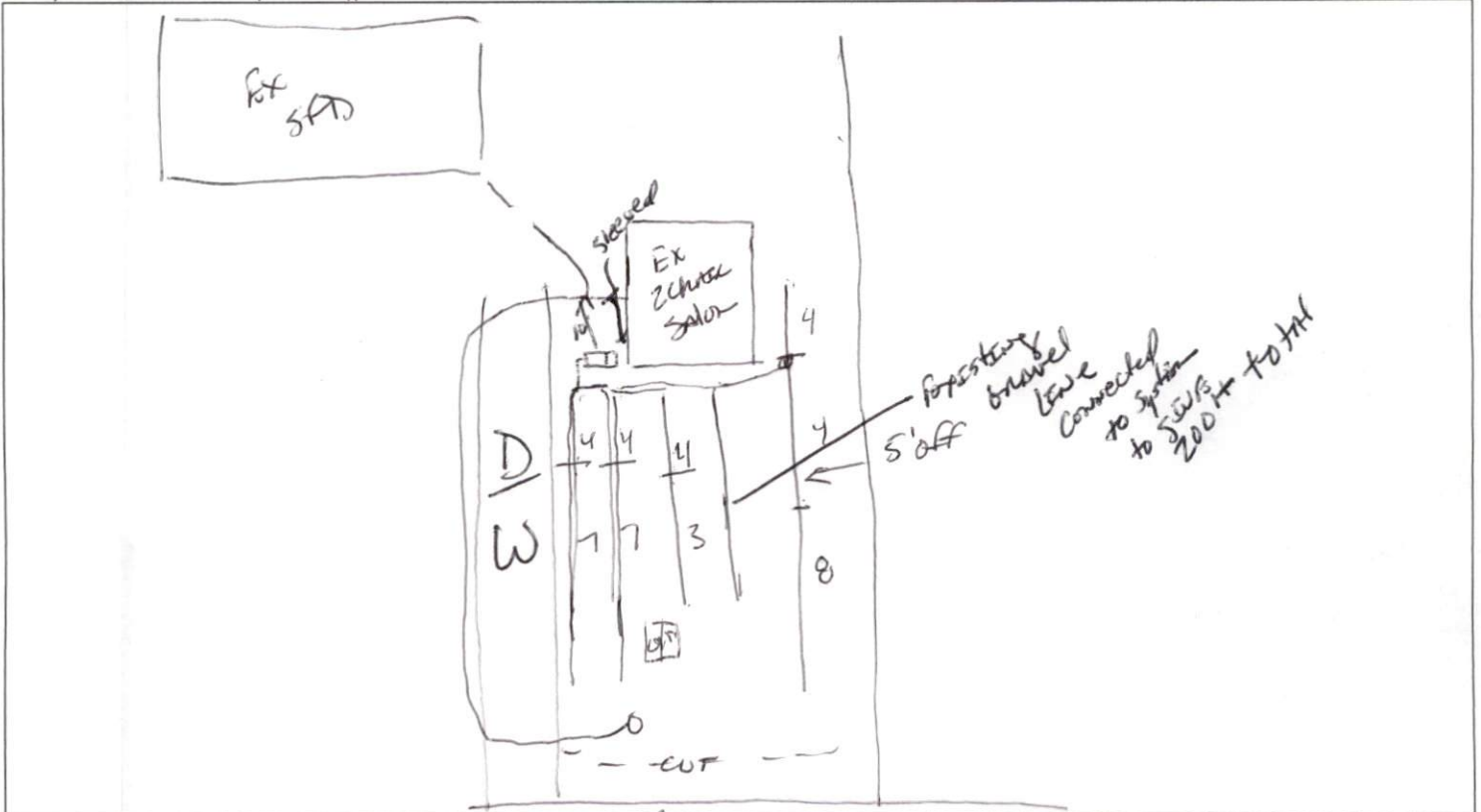
System Type: 25% REDUCTION System Type III G-Chamber Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

QUIK-4

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: _____

_____ 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 25% RSD Chamber Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches of each ditch ditches ditches
 French Drain Required: _____ Linear feet of each ditch _____ feet ditches 3 feet ditches 20" inches

Authorized State Agent James E. Markson Date 8-30-22