

Harnett County Department of Public Health

PERMIT # EH 2305-0002

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: 4337 Spring Hill Church Rd

Name: (owner) Tracy Armstrong SUBDIVISION _____ LOT # _____

System Installer: Lannie Peterson

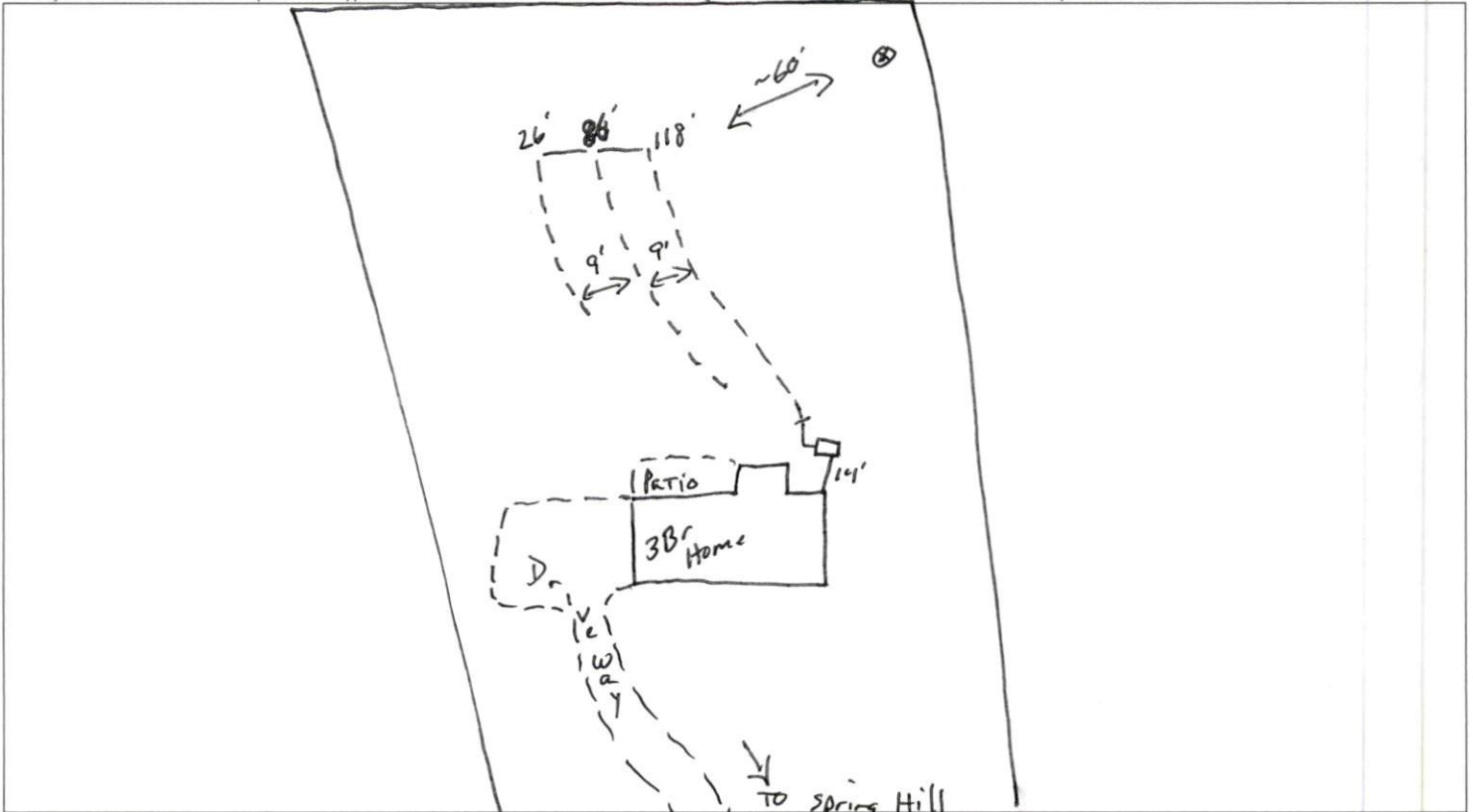
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: TYPE III-S
 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: _____

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% reduction I & Q Septic Tank: EXISTING gallons Pump Tank: _____ gallons

Subsurface Drainage Field
 No. of ditches 1
 exact length of each ditch 230 feet
 width of ditches 3 feet
 depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent Mph [Signature] REHS
 Date 7-21-23