

Harnett County Department of Public Health

PERMIT # EH2308-0009

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 1155 S RIVER RD

Name: (owner) JOSHUA DILLON SUBDIVISION _____ LOT # _____

System Installer: AVILA

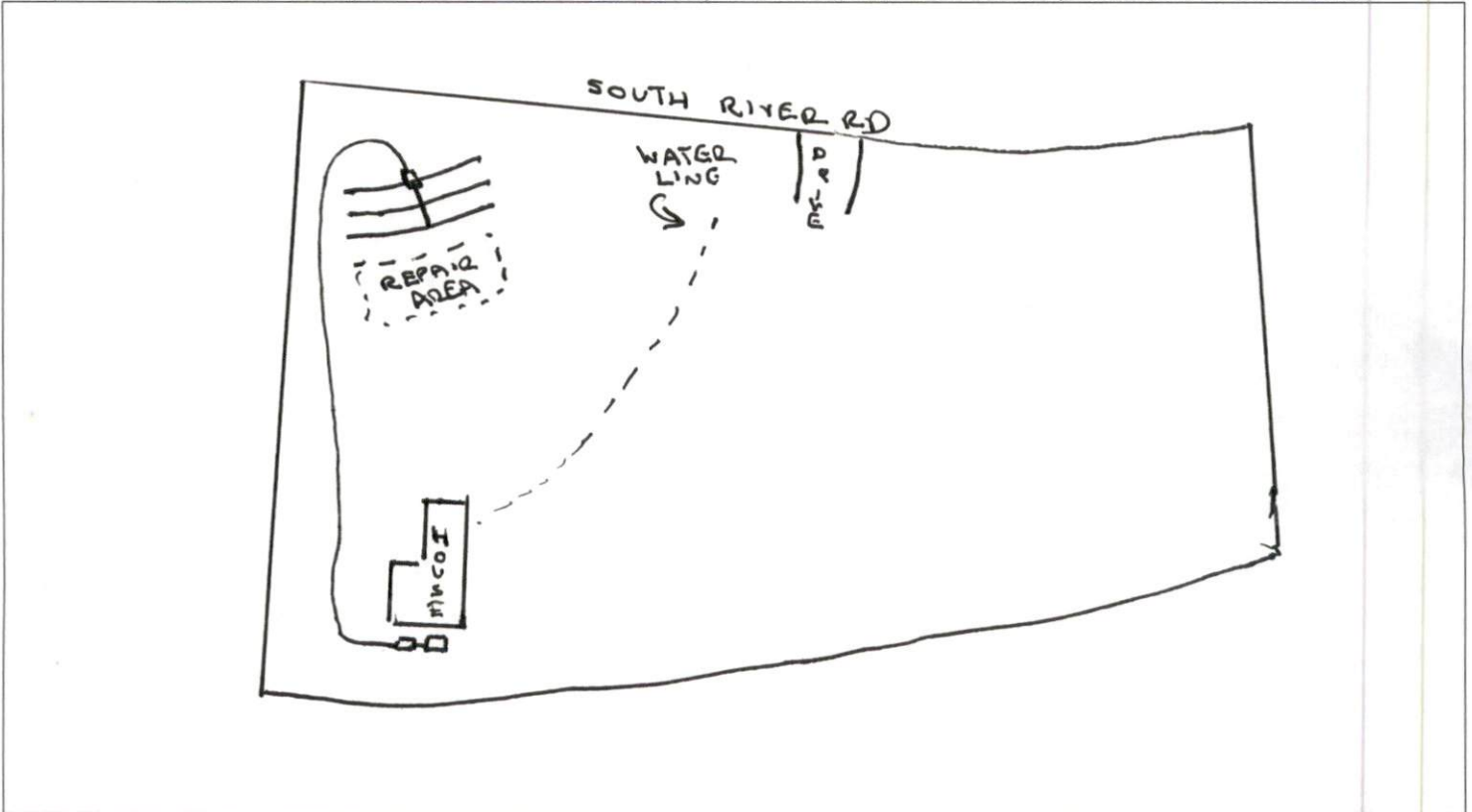
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: IIIb 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 HORIZONTAL PANEL BLOCK Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 6 of each ditch 45 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent REHS Date 11/3/23