

Harnett County Department of Public Health

PERMIT # EH2310-0003

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: Hwy 3015

Name: (owner) Matthew Relyea SUBDIVISION _____ LOT # _____

System Installer: Eastern Septic Stone

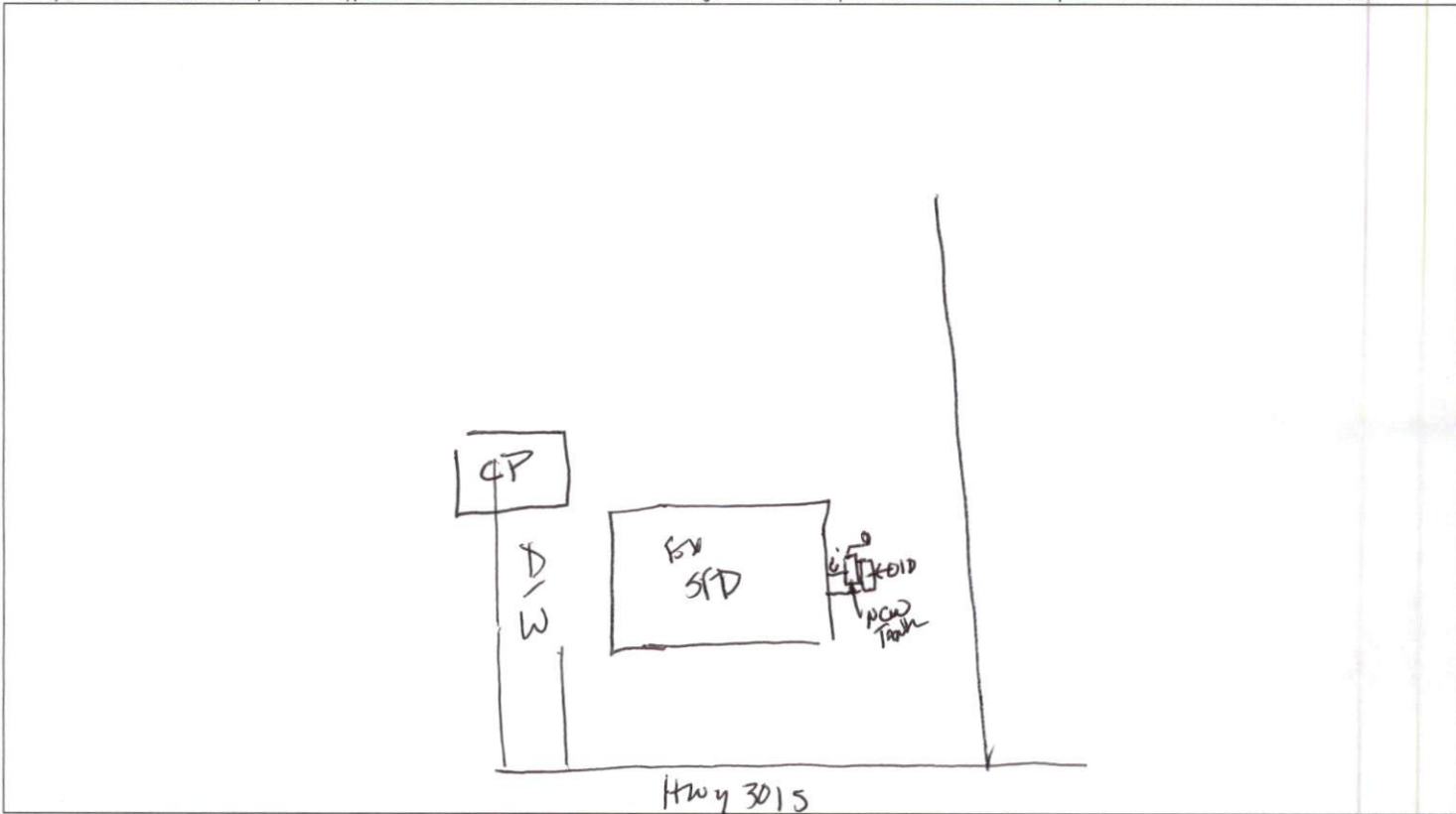
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: Tank Only 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 Tank Only
 Septic Tank: 1000 gallons
 Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches _____ of each ditch _____ ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Mandant JR. ZSAS Date 11-1-23