

Harnett County Department of Public Health

PERMIT # EH 2312-0147

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: 83 MACON CT (SR 1358)

Name: (owner) Justin King SUBDIVISION _____ LOT # _____

System Installer: Eastern Septic

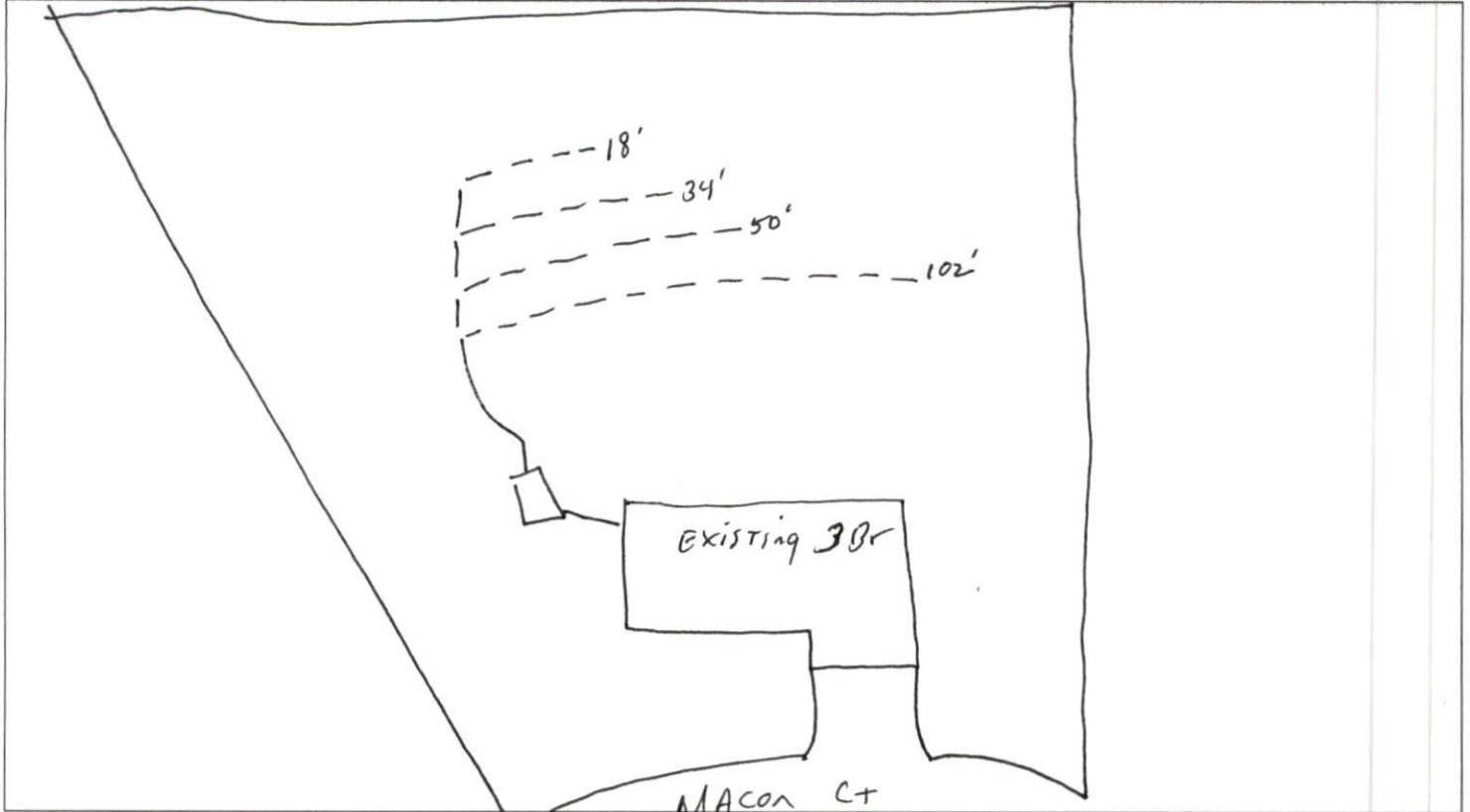
Basement with plumbing: Garage Number of Bedrooms 3 (6 people)

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 IFOI Septic Tank: EXISTING gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 204 feet ditches 3 feet ditches 24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Moh Ch REHS Date 2-6-24