

Harnett County Department of Public Health

Operation Permit

PERMIT # EH2401-0033

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 8517 old US 421

Name: (owner) Peggy McPhail SUBDIVISION _____ LOT # _____

System Installer: Yellow dog

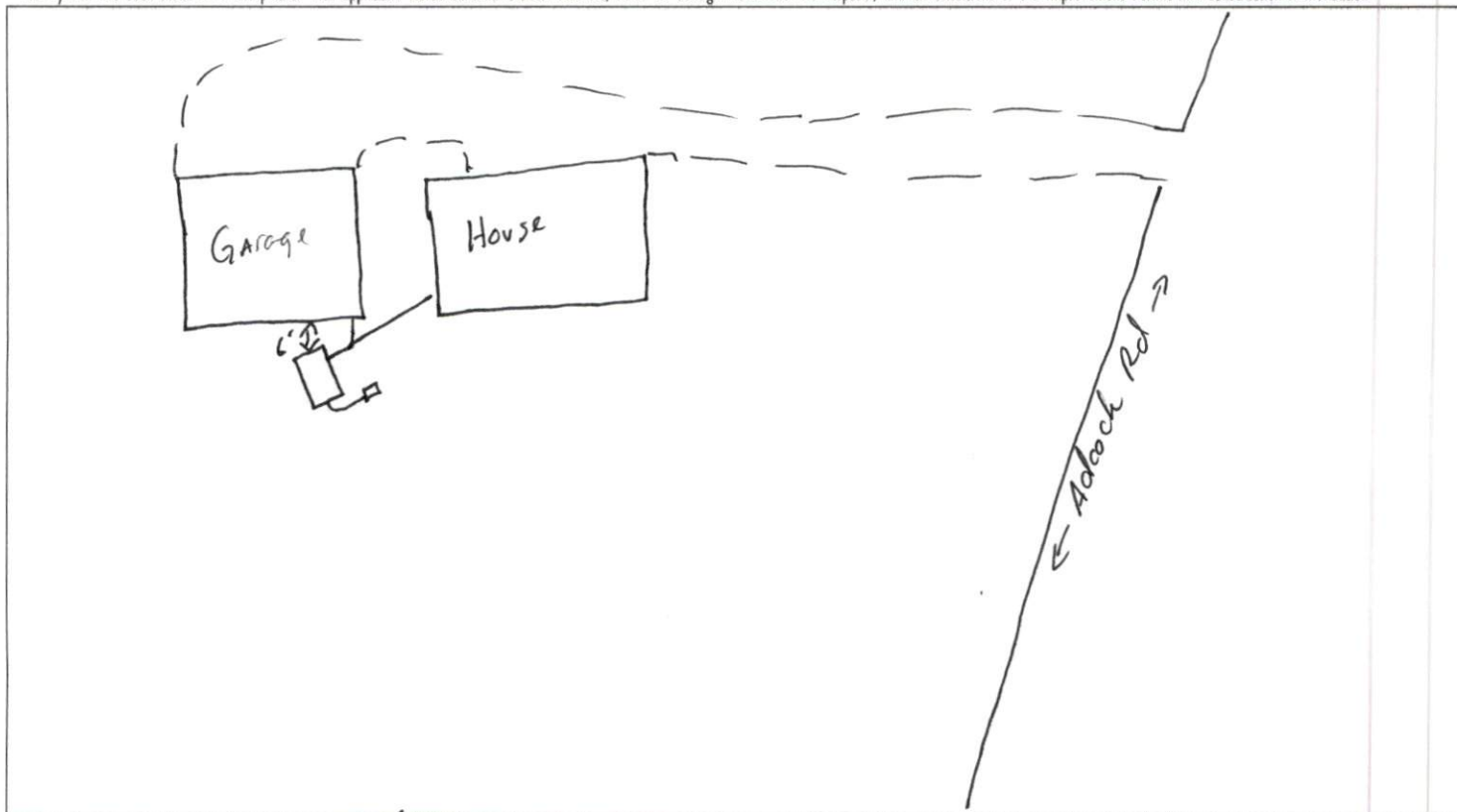
Basement with plumbing: Garage Number of Bedrooms 7 (14 people)

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

System Type: New Septic Tank 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 New Septic Tank Septic Tank: 1525 gallons Pump Tank: _____ gallons

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

French Drain Required: _____ Linear feet

Authorized State Agent Mark R. REHS Date 3-13-24