

Harnett County Department of Public Health

Operation Permit *Relocation*

PERMIT # *EH 2403-18*

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: *3510 Olive Rd*

Name: (owner) *Charles Hickman* SUBDIVISION _____ LOT # _____

System Installer: *Shawn Cox*

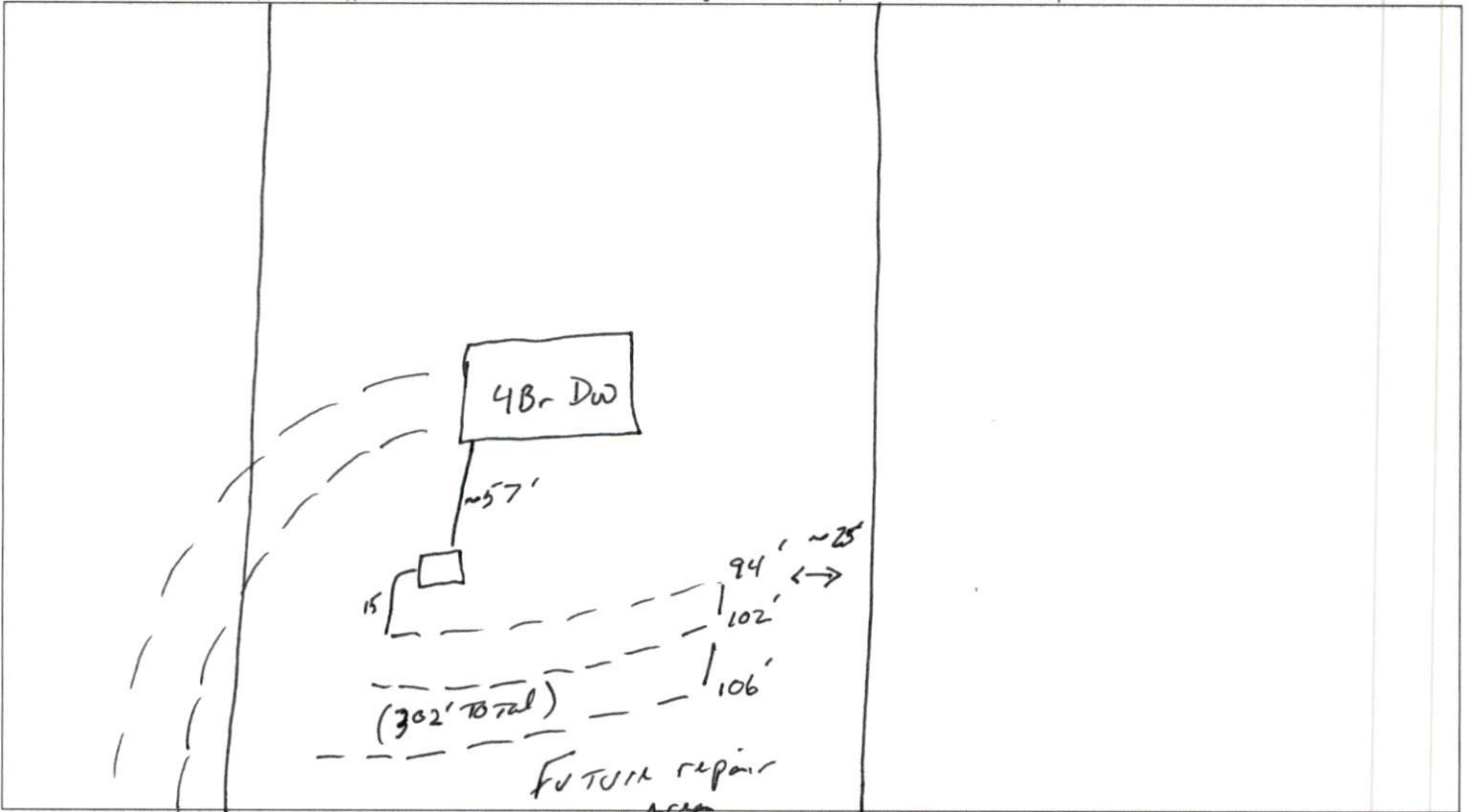
Basement with plumbing: Garage Number of Bedrooms *4 (8 people)*

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 IQ4* Septic Tank: *1000* gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches *1* of each ditch *302* feet ditches *3* feet ditches *23* inches
French Drain Required: _____ Linear feet

Authorized State Agent *Mah [Signature] DEHS* Date *5-20-24*