

# Harnett County Department of Public Health

## Operation Permit

PERMIT # EH2404-0018

New Installation  
  Septic Tank  
  Nitrification Line  
  Repair  
  Expansion

PROPERTY LOCATION: 26 Bella Howington Dr (SR1291)

Name: (owner) Philomena Sturry      SUBDIVISION \_\_\_\_\_      LOT # \_\_\_\_\_

System Installer: Lee Warner

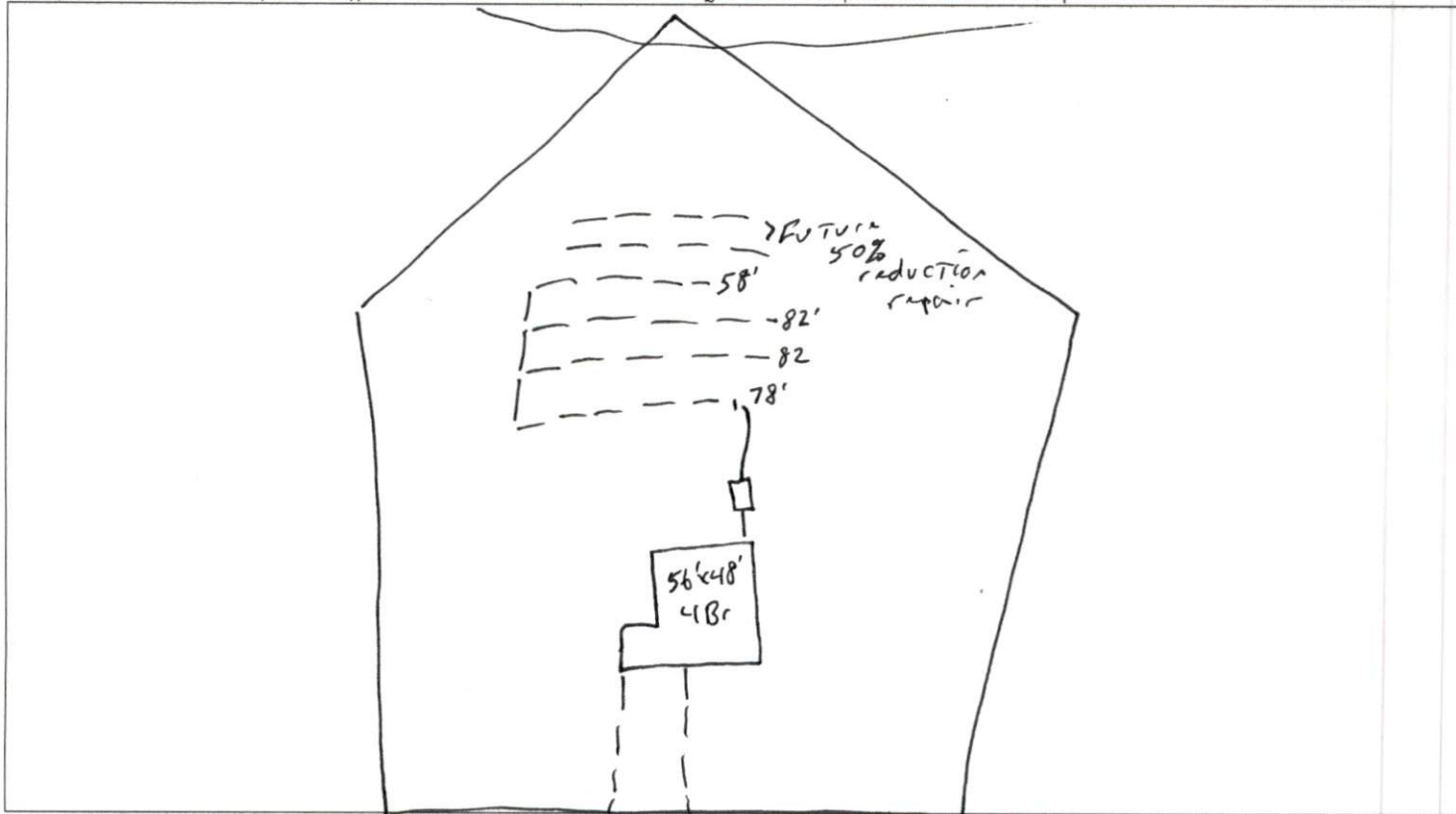
Basement with plumbing:  Garage  Number of Bedrooms 4 (8 people)

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

System Type: Type III g      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 <sup>Land</sup> 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 IFR      Septic Tank: EXISTING gallons      Pump Tank: \_\_\_\_\_ gallons

Subsurface      No. of      exact length      width of      depth of  
 Drainage Field      ditches 1      of each ditch 300 feet      ditches 3 feet      ditches 20 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Mohammed REH      Date 4-30-24