

# Harnett County Department of Public Health

## Operation Permit

PERMIT # EH2406-006

- New Installation
- Septic Tank
- Nitrification Line
- Repair
- Expansion

PROPERTY LOCATION: Hwy 401N

Name: (owner) Sherry A. Johnson SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: AT Replic Joseph Small

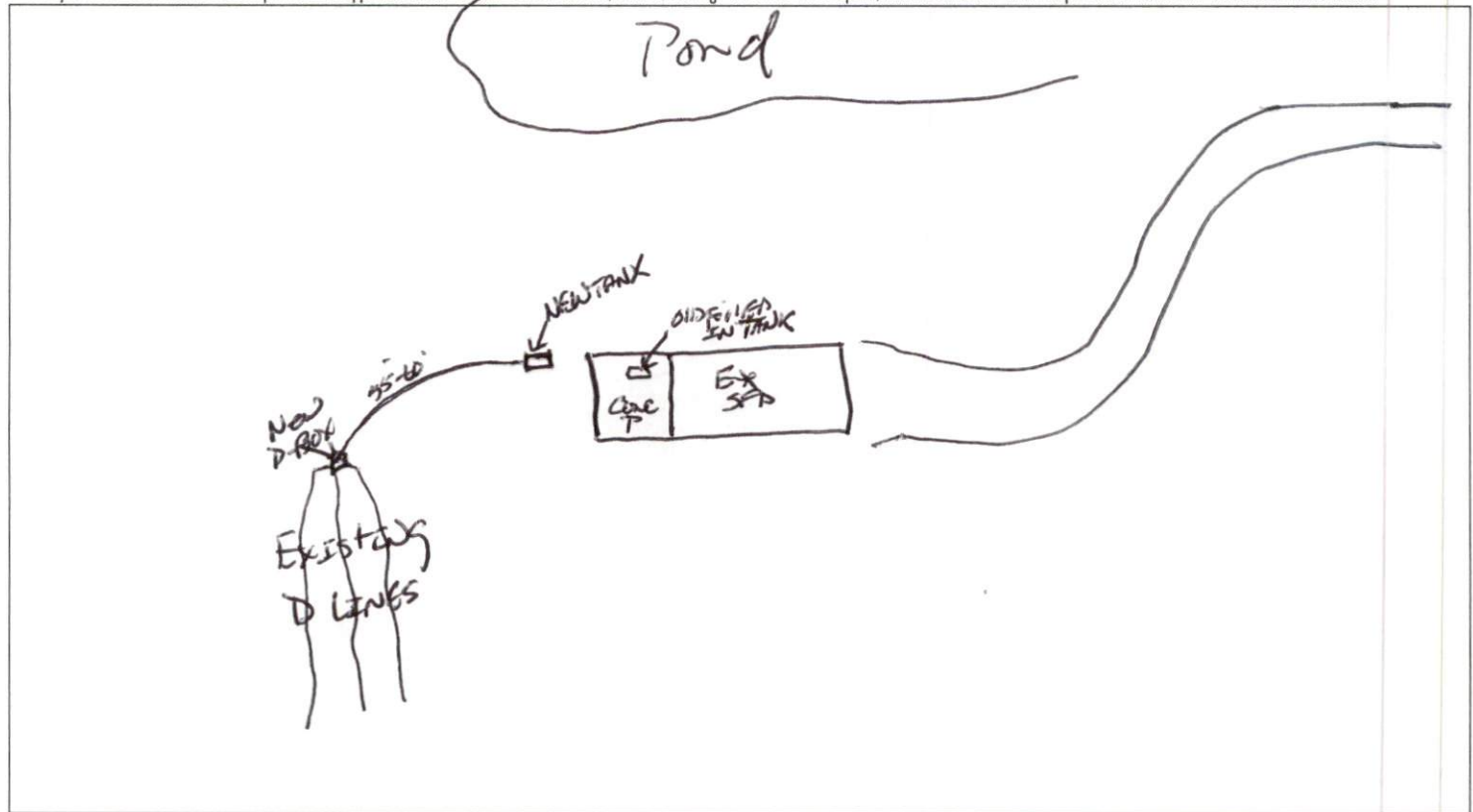
Basement with plumbing:  Garage  Number of Bedrooms 3

Type of Water Supply:  Community  Public  Well Distance from well 50' feet

System Type: Replaced TANK + D-BOX 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 + D-BOX Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

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

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

Authorized State Agent James E. Markant FOR DEPT Date 7-31-24