

Harnett County Department of Public Health

PERMIT # EH2407-0004

Operation Permit

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: 3491 ABATTOIR RD

Name: (owner) LISA BREWER SUBDIVISION _____ LOT # _____

System Installer: _____

Basement with plumbing: Garage Number of Bedrooms 3

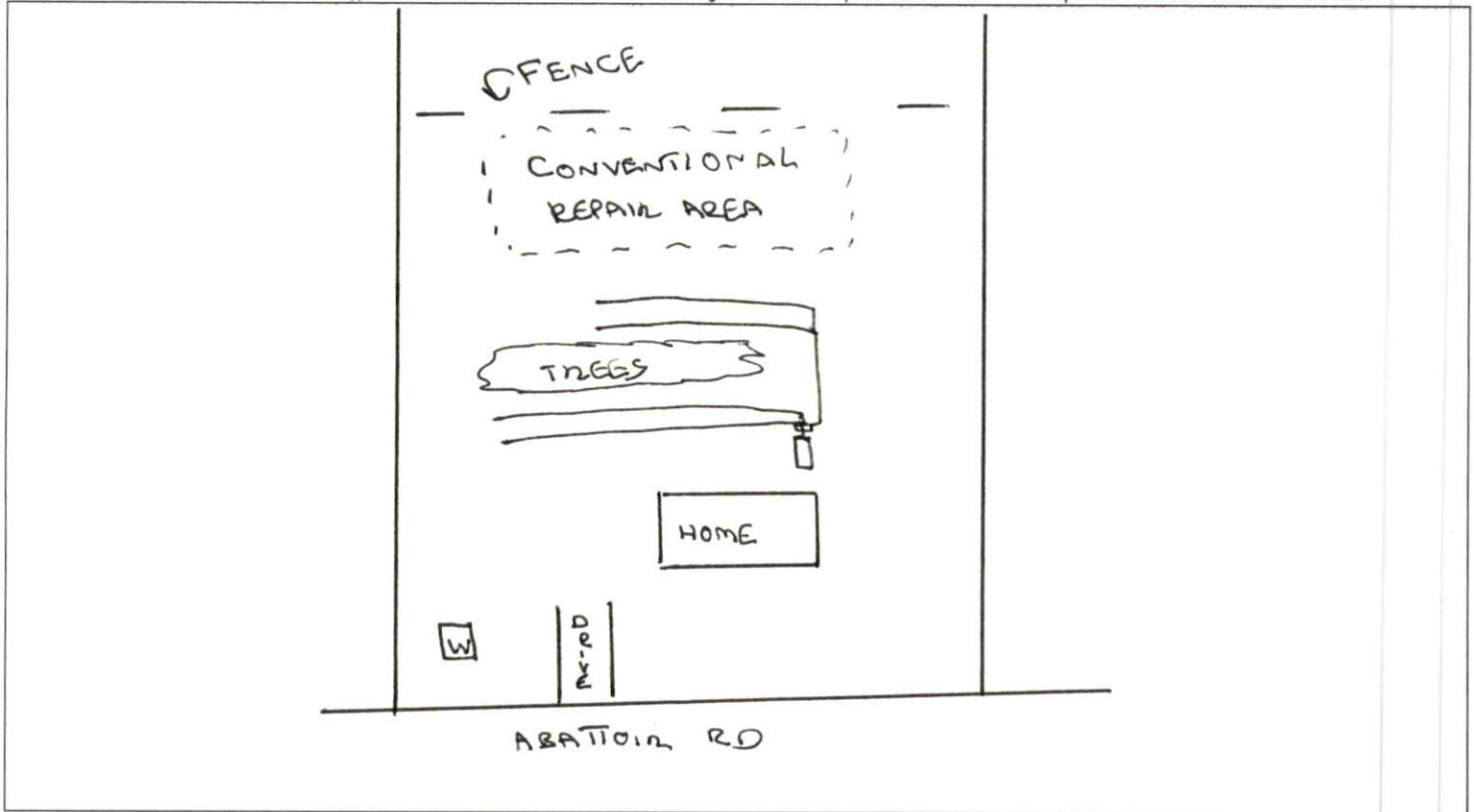
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: _____ 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: SYSTEM CONFIRMED TO BE ADEQUIT FOR 3 BEDROOMS w/ SUFFICIENT REPAIR AREA

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 _____ Septic Tank: _____ 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 _____ REAS Date 7/31/24