

Harnett County Department of Public Health

Operation Permit

PERMIT # EH2408-0016

New Installation
 Septic Tank
 Nitrification Line
 Repair
 Expansion

PROPERTY LOCATION: 90 FAIRFAX Dr

Name: (owner) ROBERT EICHAVALDS SUBDIVISION PITMANS CROSSING LOT # 31

System Installer: YELLOW DOG

Basement with plumbing: Garage Number of Bedrooms 3

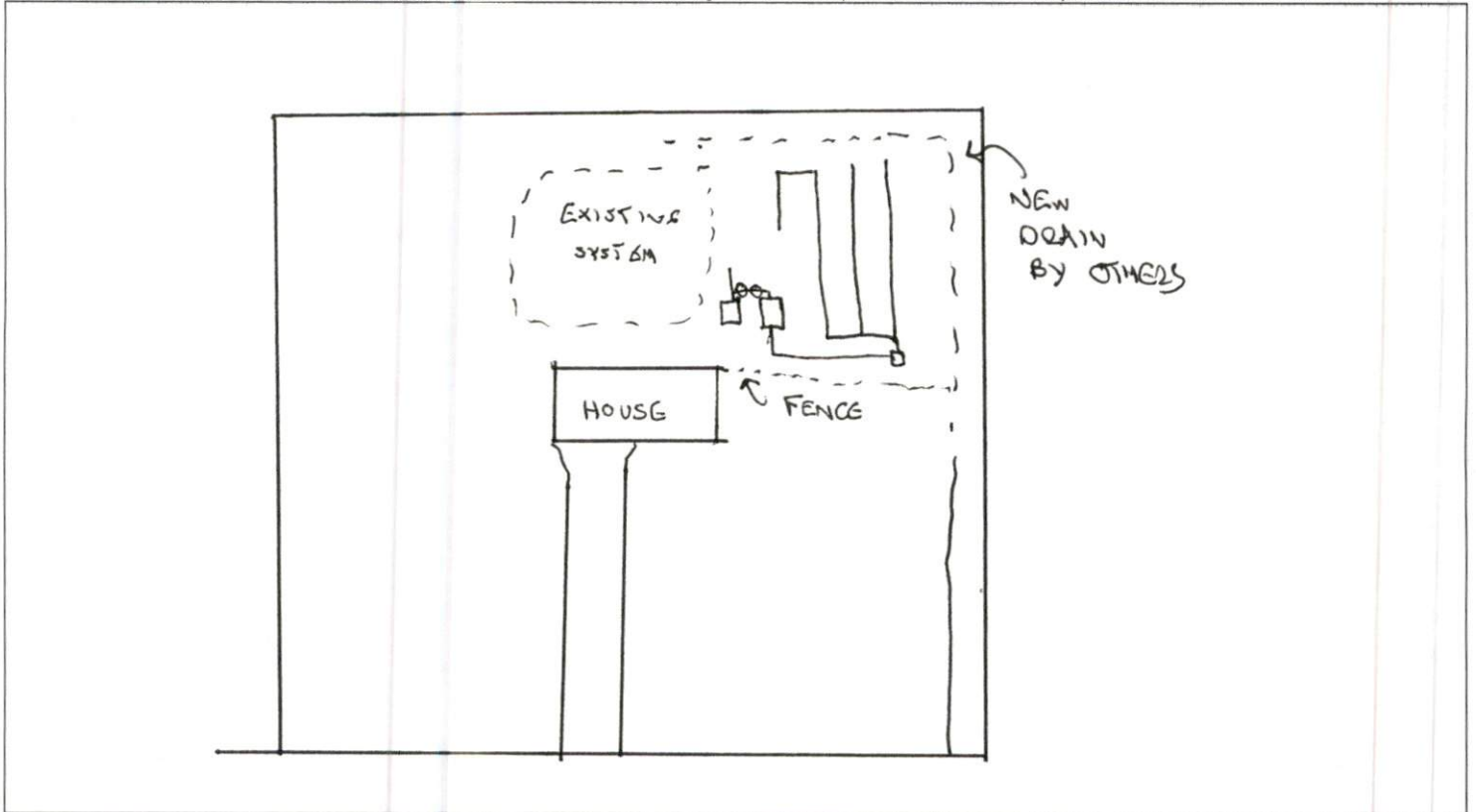
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: IIIb 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 QH Septic Tank: _____ gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of exact length width of depth of
 Ditches of each ditch of each ditch ditches ditches

1 200 feet 3 feet 26 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 12/5/23