

Harnett County Department of Public Health

PERMIT # EH 2411-0012

Operation Permit

☐ New Installation ☒ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 29 Elmon Gilchrist LN, Erwin

Name: (owner) Casile Michael

SUBDIVISION _____

LOT # _____

System Installer: Ron Walls

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3

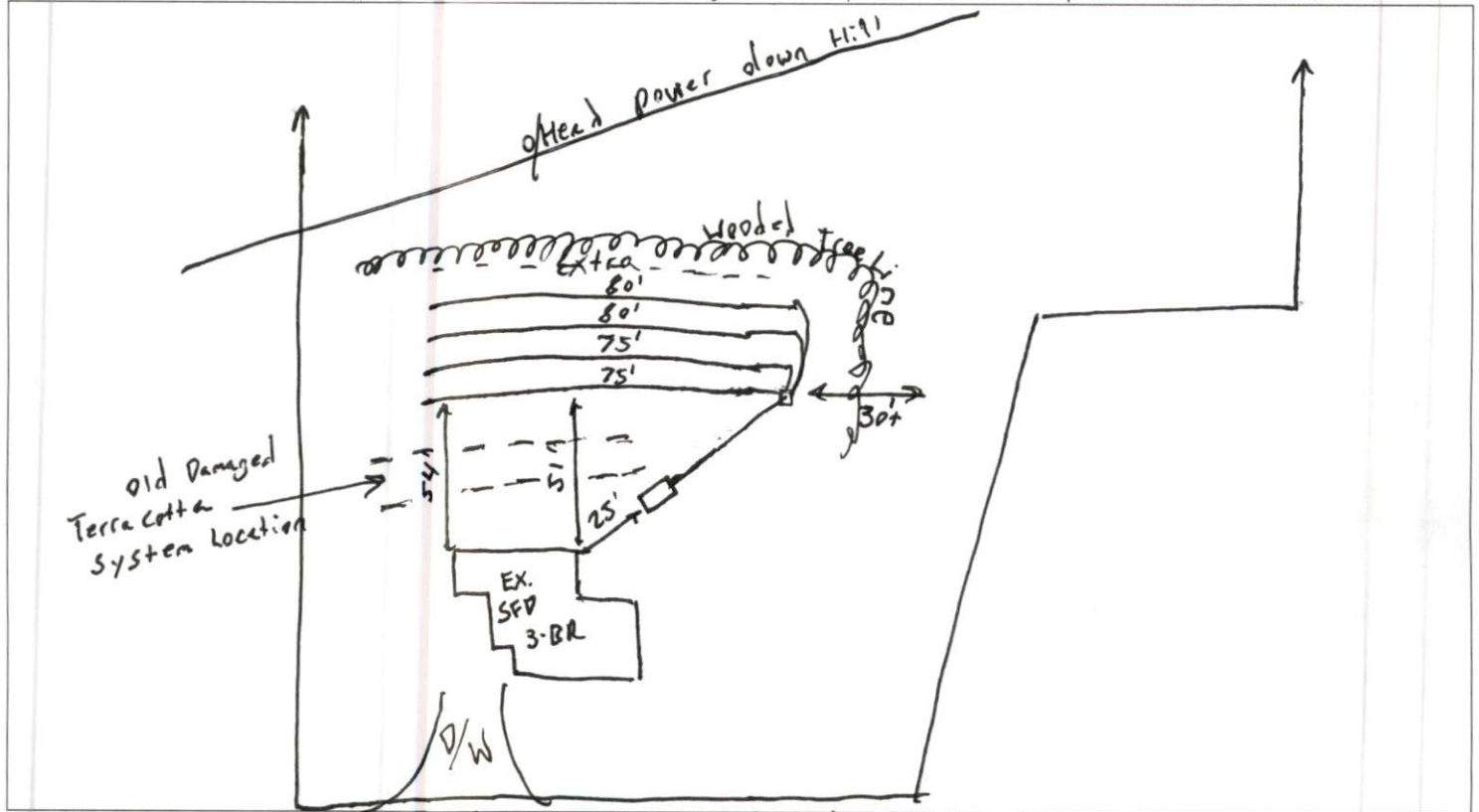
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: 25% Reduction Type III (g) Ez-Flow 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 Type III (g) Ez-Flow

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75' 80' feet

French Drain Required: _____ Linear feet

Septic Tank: 1,000 gallons Pump Tank: _____ gallons

width of ditches 3' feet depth of ditches 15" inches

Authorized State Agent REHS

Date 9-5-25