

# Harnett County Department of Public Health

PERMIT # EH 2411-0019

## Operation Permit

New Installation   
  Septic Tank   
  Nitrification Line   
  Repair   
  Expansion

PROPERTY LOCATION: 4119 US Hwy 401 N, Fugney

Name: (owner) Paulby Anderson SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: David Smith

Basement with plumbing:  Garage  Number of Bedrooms 3

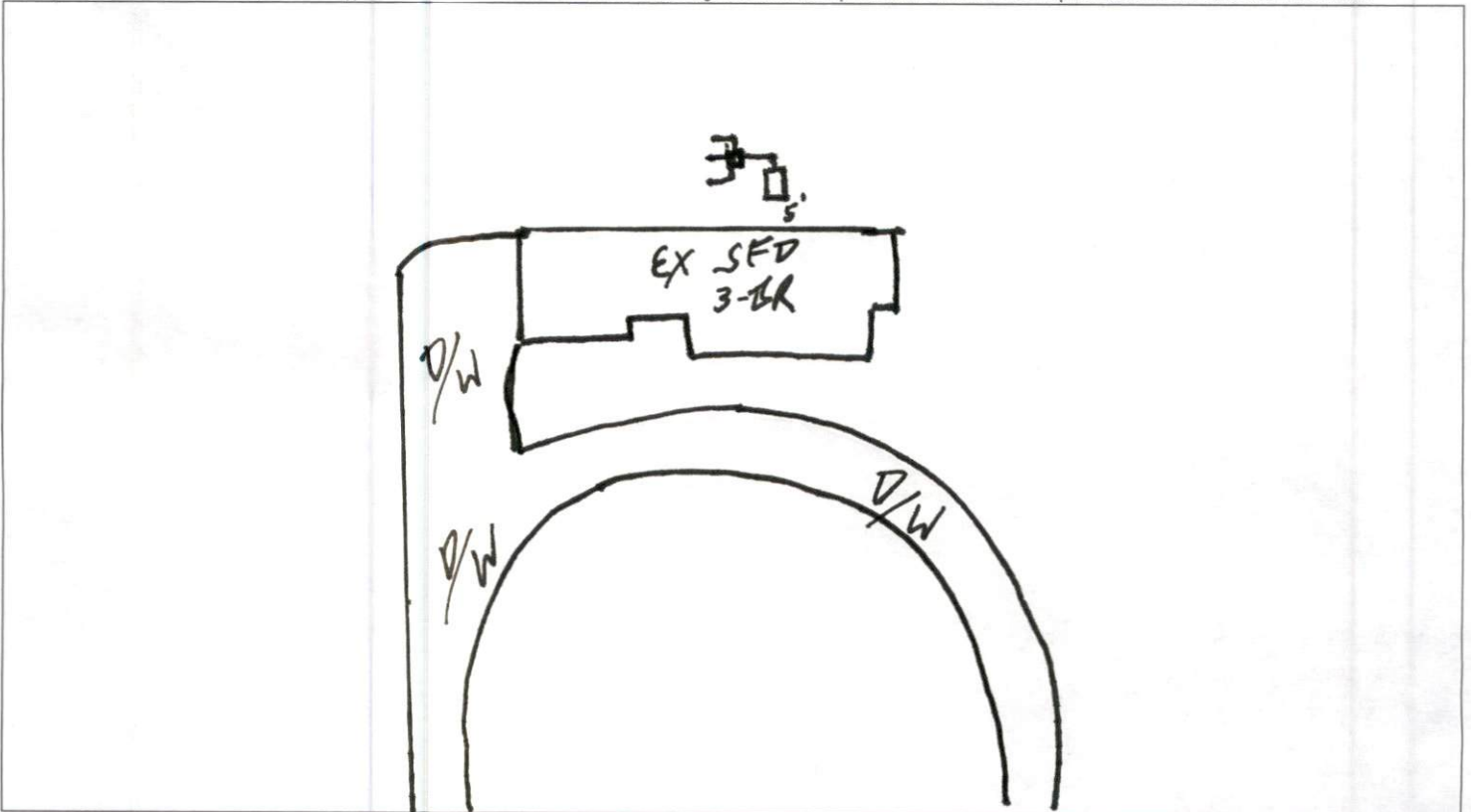
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: Ex. Conventional 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 Replacement Only Septic Tank: 1,000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of 3 exact length \_\_\_\_\_ width of \_\_\_\_\_ depth of \_\_\_\_\_

Drainage Field ditches \_\_\_\_\_ of each ditch \_\_\_\_\_ feet ditches 3' feet ditches \_\_\_\_\_ inches

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

Authorized State Agent [Signature] Date 1-3-25