

Harnett County Department of Public Health

PERMIT # EH 2505-0007

Operation Permit

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

PROPERTY LOCATION: 1450 Thompson Rd (SR 2036)

Name: (owner) Jimmy Cooley SUBDIVISION _____ LOT # _____

System Installer: Clair Adams

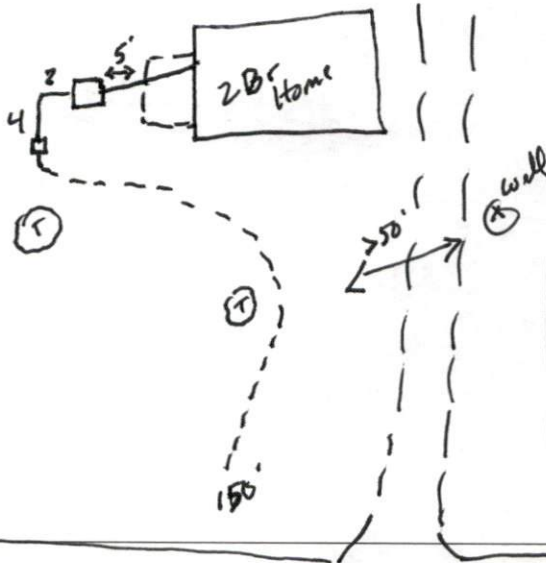
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 2 (4 people)

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

System Type: TYPE IV g 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 25% reduction E2 flow Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface
Drainage Field

No. of
ditches 1

exact length
of each ditch 150 feet

width of
ditches 3 feet

depth of
ditches 20 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

Date 6-3-25