

## Harnett County Department of Public Health

PERMIT # FH 2506-0023

## Operation Permit

☐ New Installation ☒ Septic Tank ☐ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION:  Hwy 421 to Godwin LnName: (owner) MARCIA MASON

SUBDIVISION \_\_\_\_\_

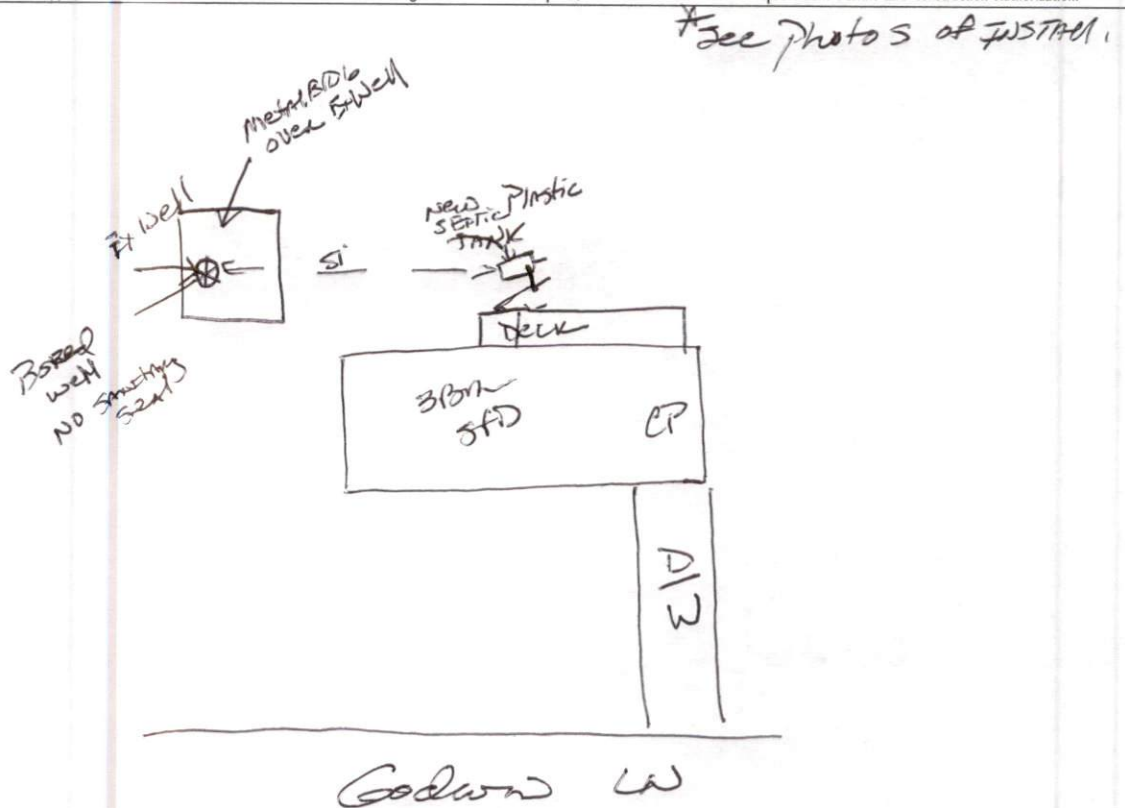
LOT # \_\_\_\_\_

System Installer: Eastern SepticBasement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☐ Public ☒ Well Distance from well 50' feetSystem Type: Tank Replacement 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 Replace Septic Tank: 1600 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface 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

James E. Marshall 26113Date 7-9-25