

Harnett County Department of Public Health

PERMIT # E142509-0014

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 164 Woodrow McDuffie Rd (SR 1222)

SUBDIVISION _____

LOT # _____

Name: (owner) Dennis Darley

System Installer: Larry Sharpe

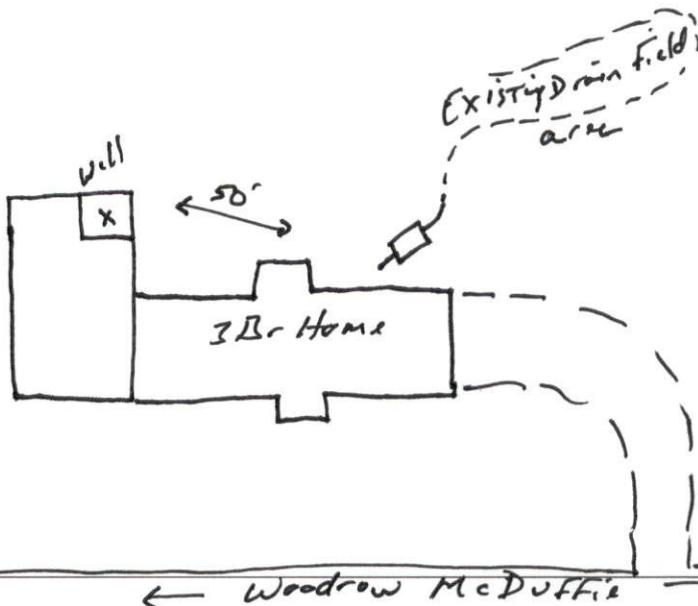
Basement with plumbing: Garage Number of Bedrooms 3 (6 people)

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

System Type: Type II 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 H2OLine PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other Tank replacement Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of ditches depth of ditches

Drainage Field ditches 1 of each ditch Existing feet Existing feet Existing inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

Mahn O. REHS Date 11-4-25