

HTE# Repair

Harnett County Department of Public Health

24089

PERMIT # 28904

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 12141 NC210

Name: (owner) SHEILA KEEN SUBDIVISION _____ LOT # _____

System Installer: REGINALD CARTER Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

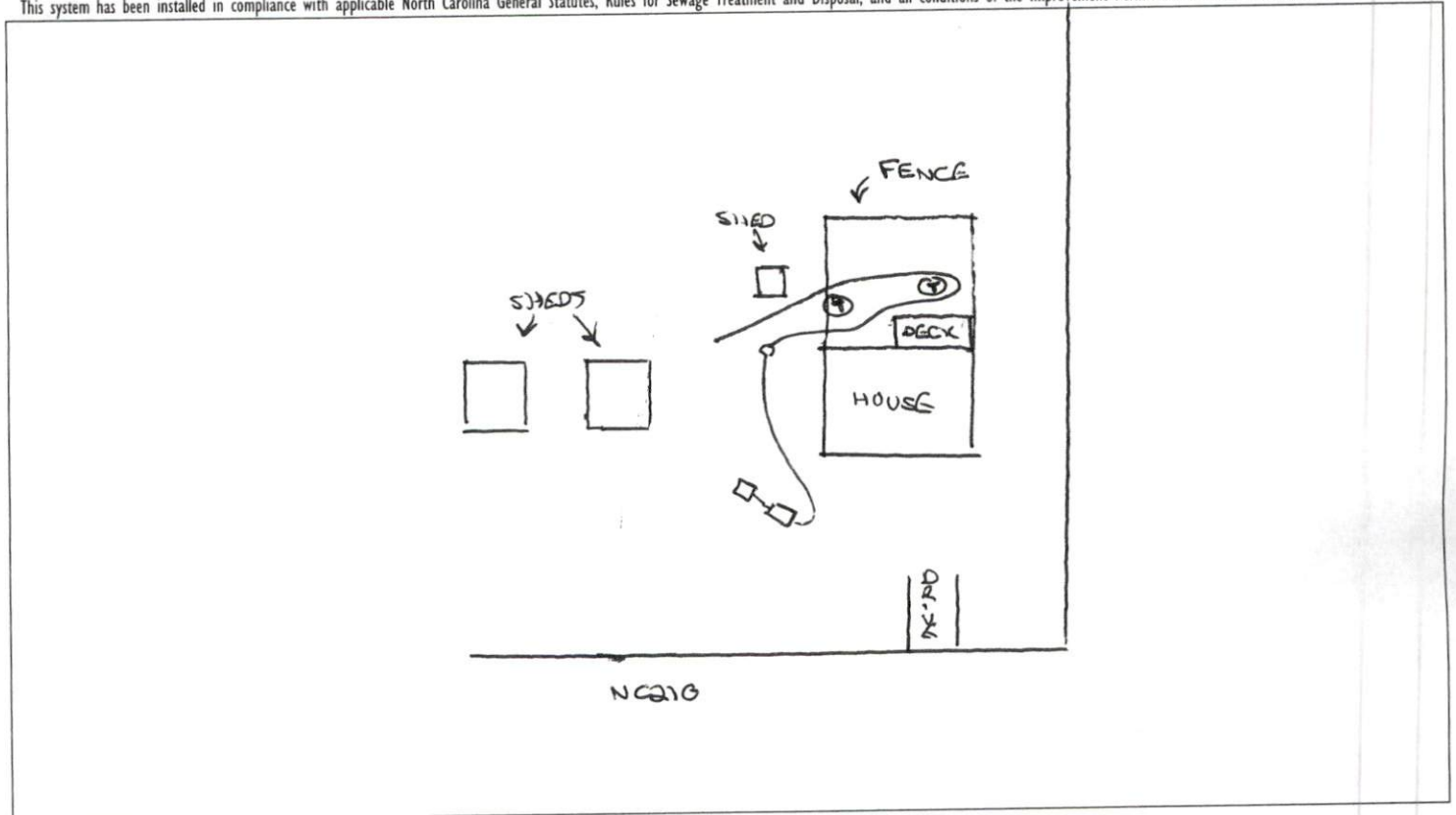
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: 111B 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: USE OF COPPER SULFATE TO CONTROL ROOT IS RECOMMENDED
IN PUMP TANK

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 EZ FLOW Septic Tank: EXIST. gallons Pump Tank: EXIST. gallons

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 200 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 6/29/16