

HTE# _____

Harnett County Department of Public Health

24784

PERMIT # 25629

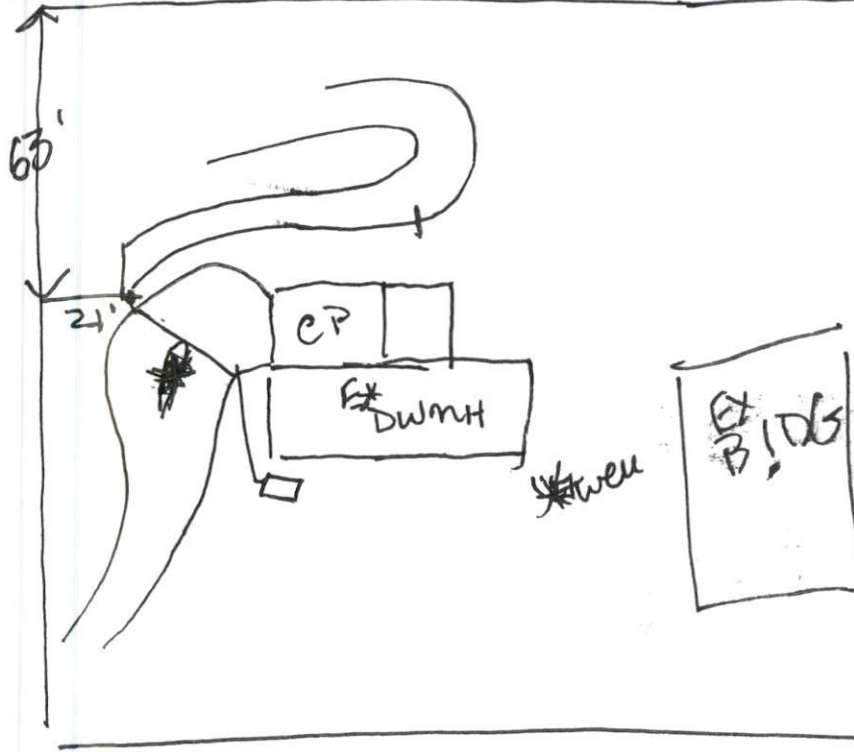
Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: 84500 Benson RdName: (owner) Cecil Bowden SUBDIVISION _____ LOT # _____System Installer: CLINT Adams Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☒ Well Distance from well 50' feetSystem Type: 256 Reductn Spt for Type V 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 256 Red Septic Tank: Ex gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 2 exact length of each ditch 120 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. MontfortDate 12-21-17