Harnett County Department of Public Health   20433

PERMIT # 24849

Operation Permit

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

PROPERTY LOCATION: SR 1006 OID STAGE RD

Name: (owner) Jennifer Lee _____ SUBDIVISION _____ LOT # _____

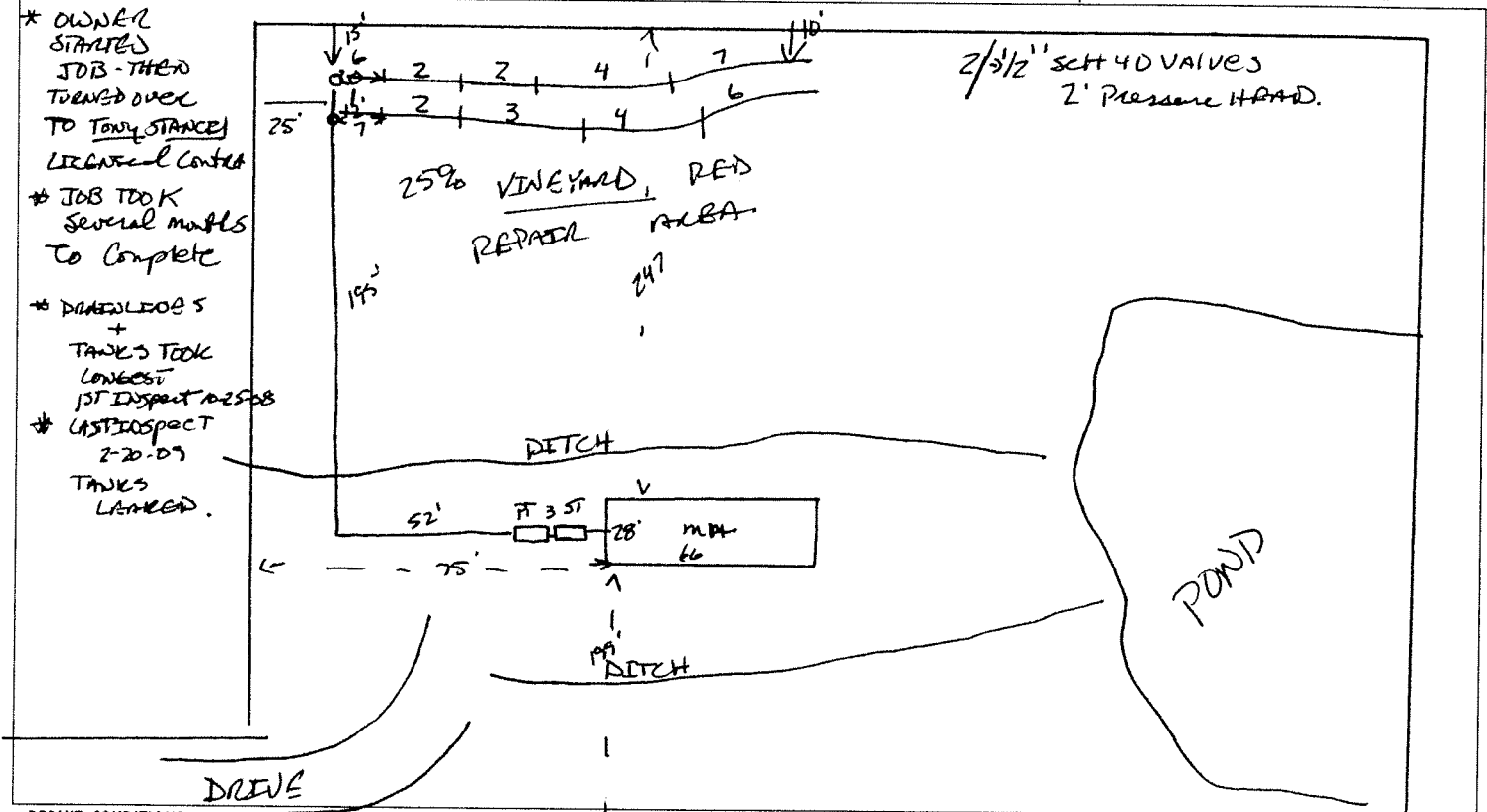System Installer: Marty Blackmond / Tony Stancil _____ Registration # _____

Basement with plumbing: ☐   Garage ☐ Number of Bedrooms 3

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

System Type: MANIGEE TO 25% REDUCTION System _____ 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: _____

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

Type of system: ☐ Conventional   ☑ Other Manifee to 25% RED System   Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface   No. of   exact length   width of   depth of

Drainage Field   ditches 2   of each ditch 150 feet   ditches 3 feet   ditches 24"-718" inches

French Drain Required: _____ Linear feet

Authorized State Agent James E Manhart _____   Date 2-23-09