## HTE# 5501808-00087 Harnett County Department of Public Health

PERMIT # 30174

Operation Permit

| New Installation Septic Tank Nitrification Line Repair Expan  | ision  |
|---|--------|
| PROPERTY LOCATION: 354 MCNEIL MILL Pd (SN 1228  | 1)     |
| Name: (owner) Years a serica plantinet SUBDIVISIONLOT #   |        |
| System Installer: Registration #  |        |
| Basement with plumbing: Garage Wumber of Bedrooms 4   |        |
| Type of Water Supply:  Community Public Well Distance from well feet  |        |
| System Type: 2590 redockson sys III 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. |        |
| W CHAMSON III 9 HON SED  300 FT. 101  100  100  100  100  100  100  100   | 0.2    |
| PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule .1961.   |        |
| 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 \( \square\) No \( \square\)   |        |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Operation:  |        |
| V. Other:   |        |
| □ D-Box □ Pump □ Alarm □ H20Line □ PWR  | R Line |
| Following are the specifications for the sewage disposal system on the above captioned property.  | . 210  |
|   | lons   |
| Subsurface No. of exact length width of depth of  | -0.00  |
| Drainage Field ditches of each ditch feet ditches feet ditches inches   |        |
| French Drain Required: Linear feet  |        |
| Authorized State Agent Date 04/11/2019  |        |