

HTE# _____

Harnett County Department of Public Health

No. 26511

PERMIT # SFD1907-0001

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 117 Bombo Dr (US 4015)

Name: (owner) Demond Devane SUBDIVISION _____ LOT # _____

System Installer: EASTERN SEPTIC Registration # 5572

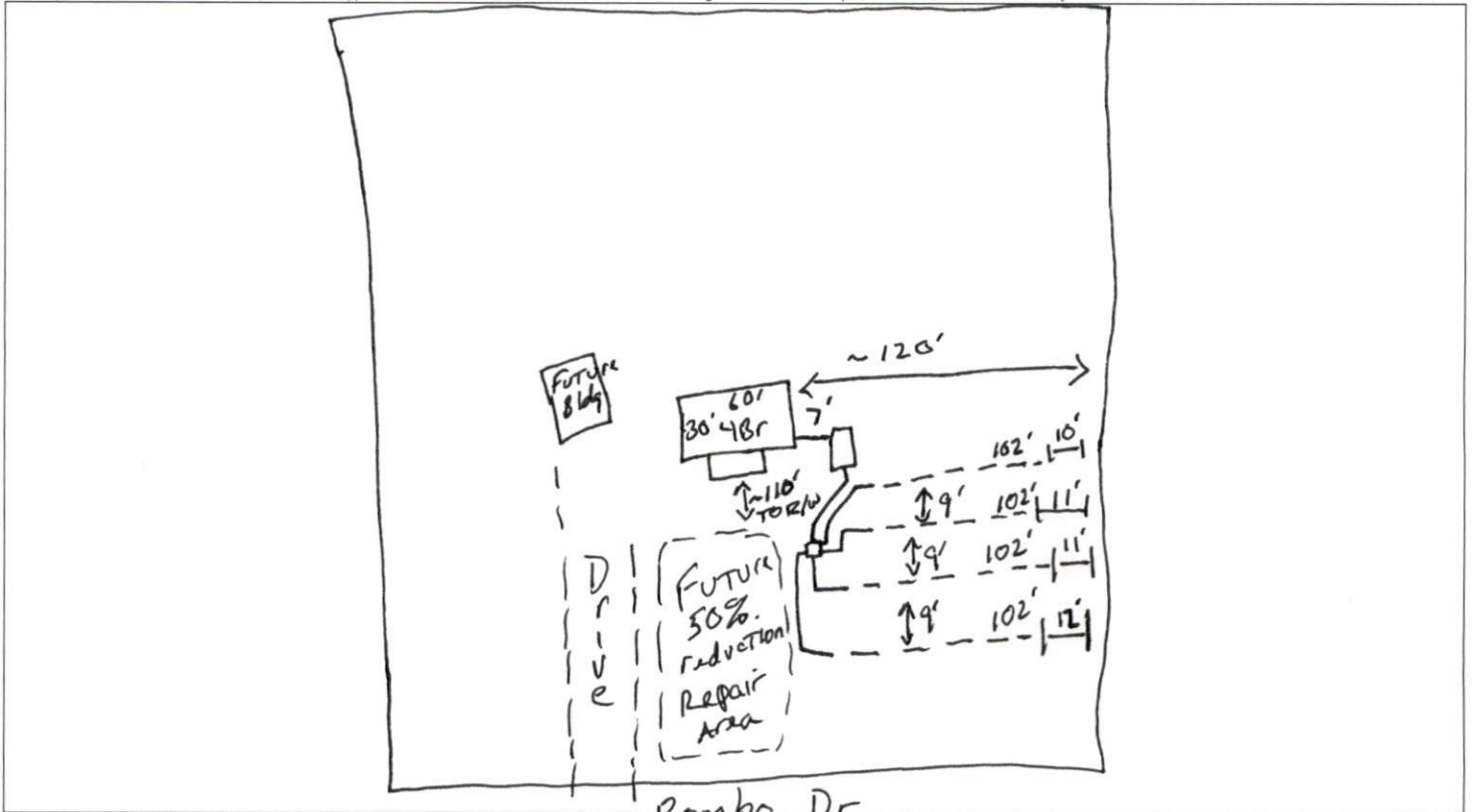
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: 25% reduction (Type III) RQ4 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 25% reduction RQ4 Septic Tank: MCP 1250 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 4 exact length of each ditch 102 feet width of ditches 3 feet depth of ditches 18" inches
 French Drain Required: _____ Linear feet

Authorized State Agent Mark Ah REHS Date 3-11-21