HTE# SFD1909-0011

Harnett County Department of Public Health

No. 26113

Operation Permit PERMIT # New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 1255 PONCINOSATO (SE#1323) PROPERTY LOCATION: 655 Carolina SUBDIVISION System Installer: Registration # Garage Number of Bedrooms Basement with plumbing: Type of Water Supply:

Community > Public ☐ Well Distance from well System Type: _____ 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. T PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. II. As required by Rule .1961. Monitoring: III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: ٧. D-Box Pump ____ Alarm 🗆 _____ H20Line Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 Type of system:

Conventional Other ___ gallons Pump Tank: Subsurface

Authorized State Agent

exact length

Linear feet

of each ditch 170

No. of

ditches

Drainage Field

French Drain Required: