

# Harnett County Department of Public Health

PERMIT # SFD2009-0053

## Operation Permit

New Installation    Septic Tank    Nitrification Line    Repair    Expansion

PROPERTY LOCATION: SR 1219 LESLEE RD

Name: (owner) William + Leslie Connelly      SUBDIVISION \_\_\_\_\_      LOT # \_\_\_\_\_

System Installer: Dennis Medley

Basement with plumbing:     Garage     Number of Bedrooms 3

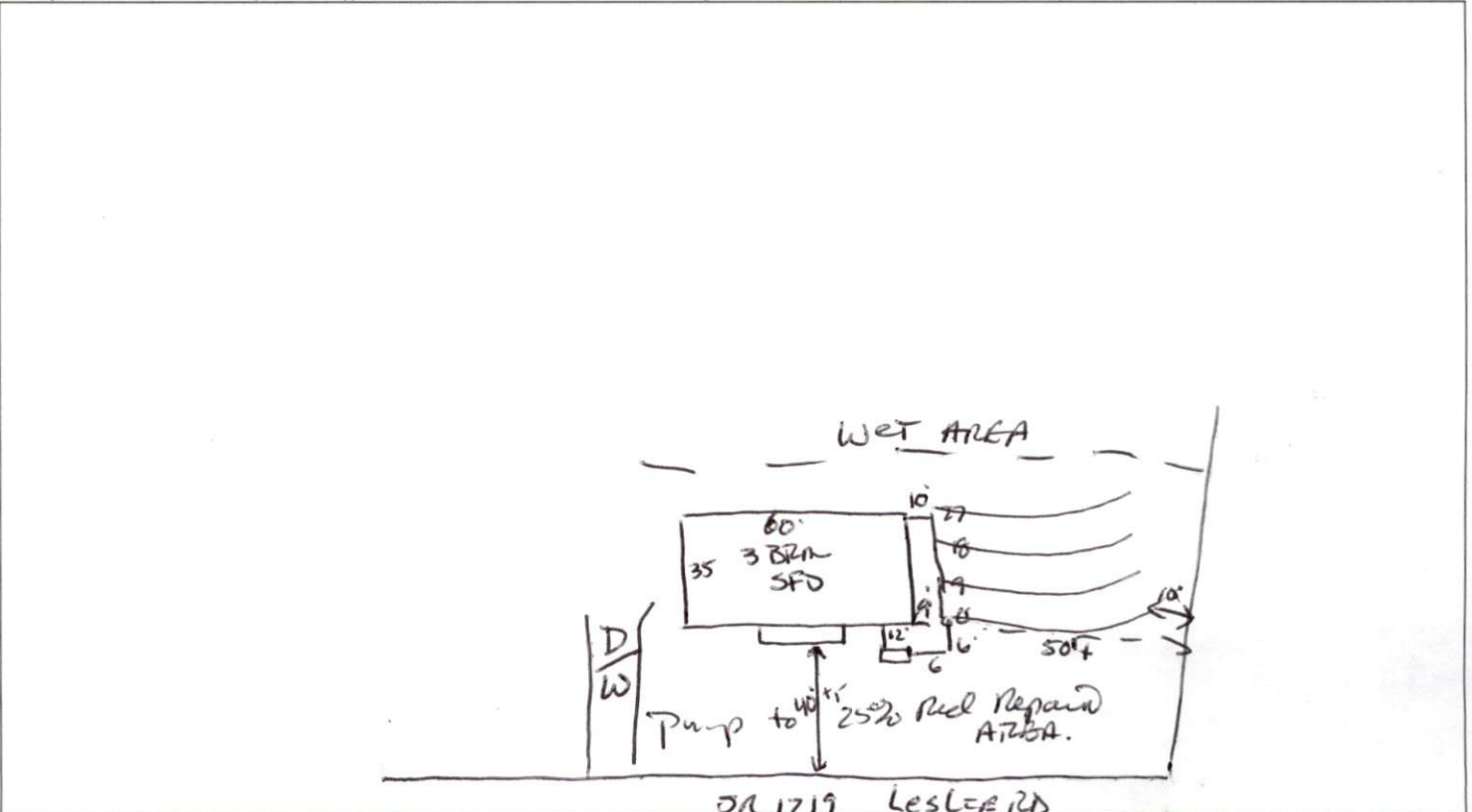
Type of Water Supply:  Community    Public    Well    Distance from well \_\_\_\_\_ feet

System Type: 25% REDUCTION System (S2044) Type III G    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 System    Septic Tank: 1000 gallons    Pump Tank: \_\_\_\_\_ gallons  
 Subsurface    No. of    exact length    width of    depth of  
 Drainage Field    ditches 4    of each ditch 60 feet    ditches 3 feet    ditches 22 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent: James E. Marham    Date: 4-27-21