## Harnett County Department of Public Health

PERMIT #502205-0018 Operation Permit	
/ New Installation 🗔 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗀	
PROPERTY LOCATION 3014/8 River as - Into Capt land	ly -
Name: (owner) Hickman + Hickman Ester SUBDIVISION Thomas L Brolley LOT # 7	unto
System Installer: Quality Sepatric	
Basement with plumbing: Garage Number of Bedrooms	
Type of Water Supply:   Community   Fublic   Well Distance from well   feet	
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 Sawage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorizat	ion
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DEDMIT CONDITIONS: DEDMIT CONDITIONS:	1419 10 44 10
PERMIT CONDITIONS:	· ··Onevace
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 \( \square\)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.  IV. Operation:	
n. Operation.	
V. Other:	
D-BoxPumpAlarmH20Line	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	I WK LINE
Type of system:  Conventional Other Lows Two Falls CHAMBER. Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact length width of depth of	8 <sup>unono</sup>
Drainage Field ditches of each ditch 300 feet ditches feet ditches 12	_ inches
French Drain Required: Linear feet	
5 M 1 DEHS	
Authorized State Agent ones [ NAWAN Date 12-1-23	