

Harnett County Department of Public Health

PERMIT # 2FD2210-0030

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 32535 Mitchell Rd

Name: (owner) Neave Homes Inc SUBDIVISION Mitchell Mason LOT # 9

System Installer: Yellow Dog

Basement with plumbing: Garage Number of Bedrooms 3

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

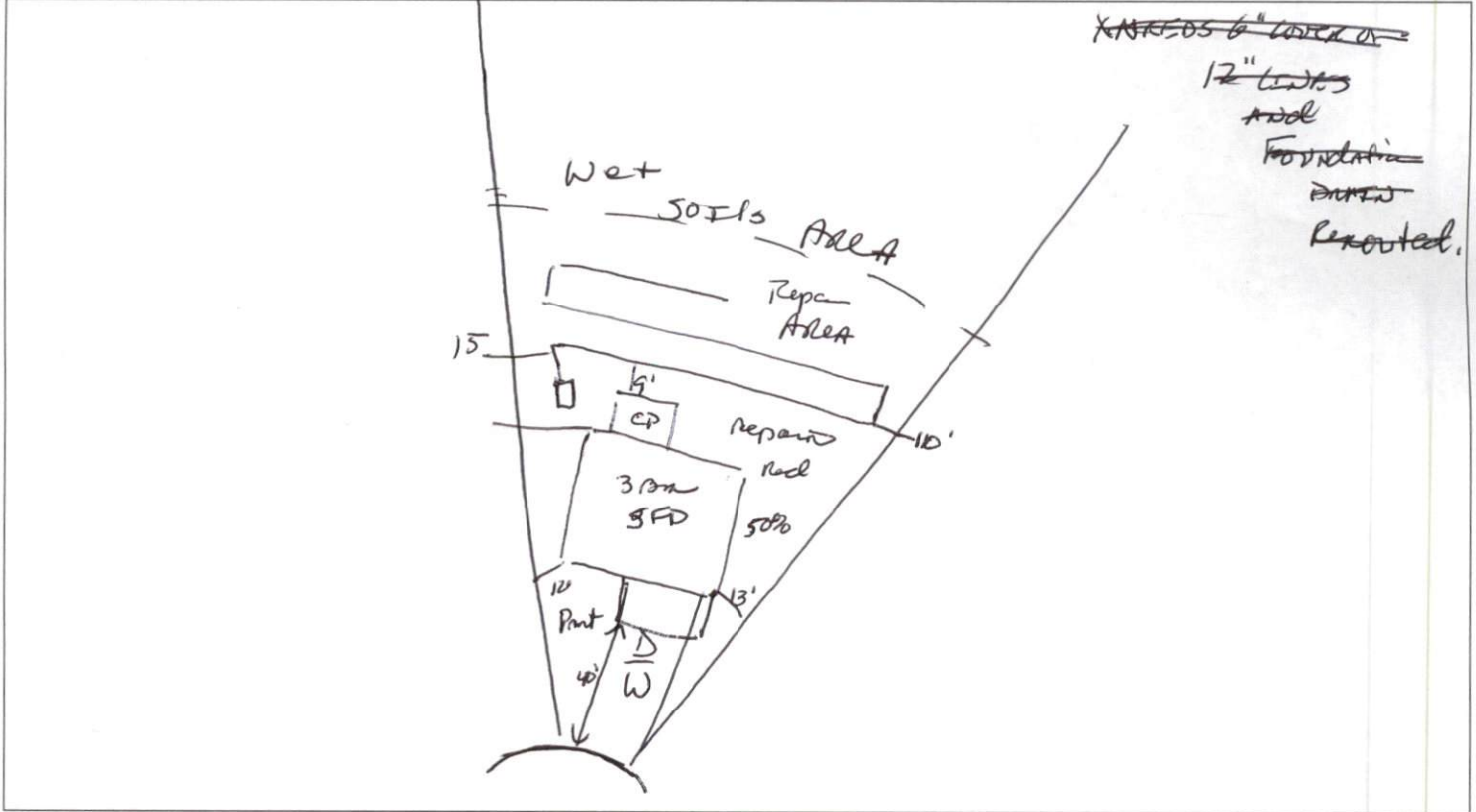
System Type: 25% Reduction System Type Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

QV-84

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 Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 238' width of ditches 3 feet depth of ditches 20" to 12" inches
French Drain Required: _____ Linear feet

Authorized State Agent James E. Markant Date 5-31-23