

# Harnett County Department of Public Health

PERMIT # SFD2302-0075

## Operation Permit

New Installation  
  Septic Tank  
  Nitrification Line  
  Repair  
  Expansion

PROPERTY LOCATION: 630 SUNRISE DR

Name: (owner) CARLTON CAPEES SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: GULLOYS BACKHOE

Basement with plumbing:  Garage  Number of Bedrooms 4

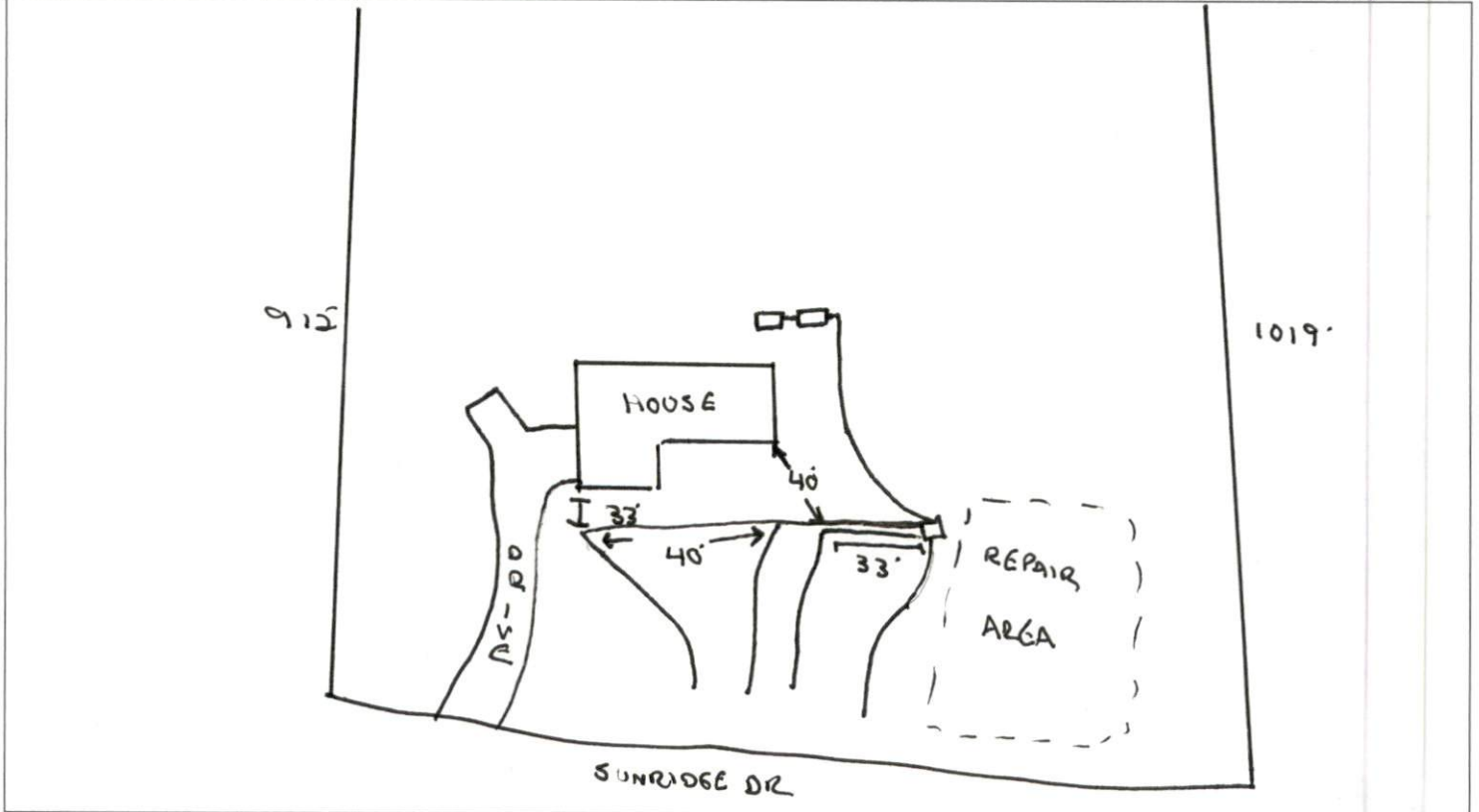
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: IIIb 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 Pump To E2 Flow Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 75 feet width of ditches 3 feet depth of ditches 16-R inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent REHS Date 10/11/23