

Harnett County Department of Public Health

PERMIT # SFD2306-0093

Operation Permit

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: 229 Pioneer CT (SR 1241)

Name: (owner) Rosa Dominguez

SUBDIVISION _____

LOT # _____

System Installer: Buchis Mercer

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3 (6 people)

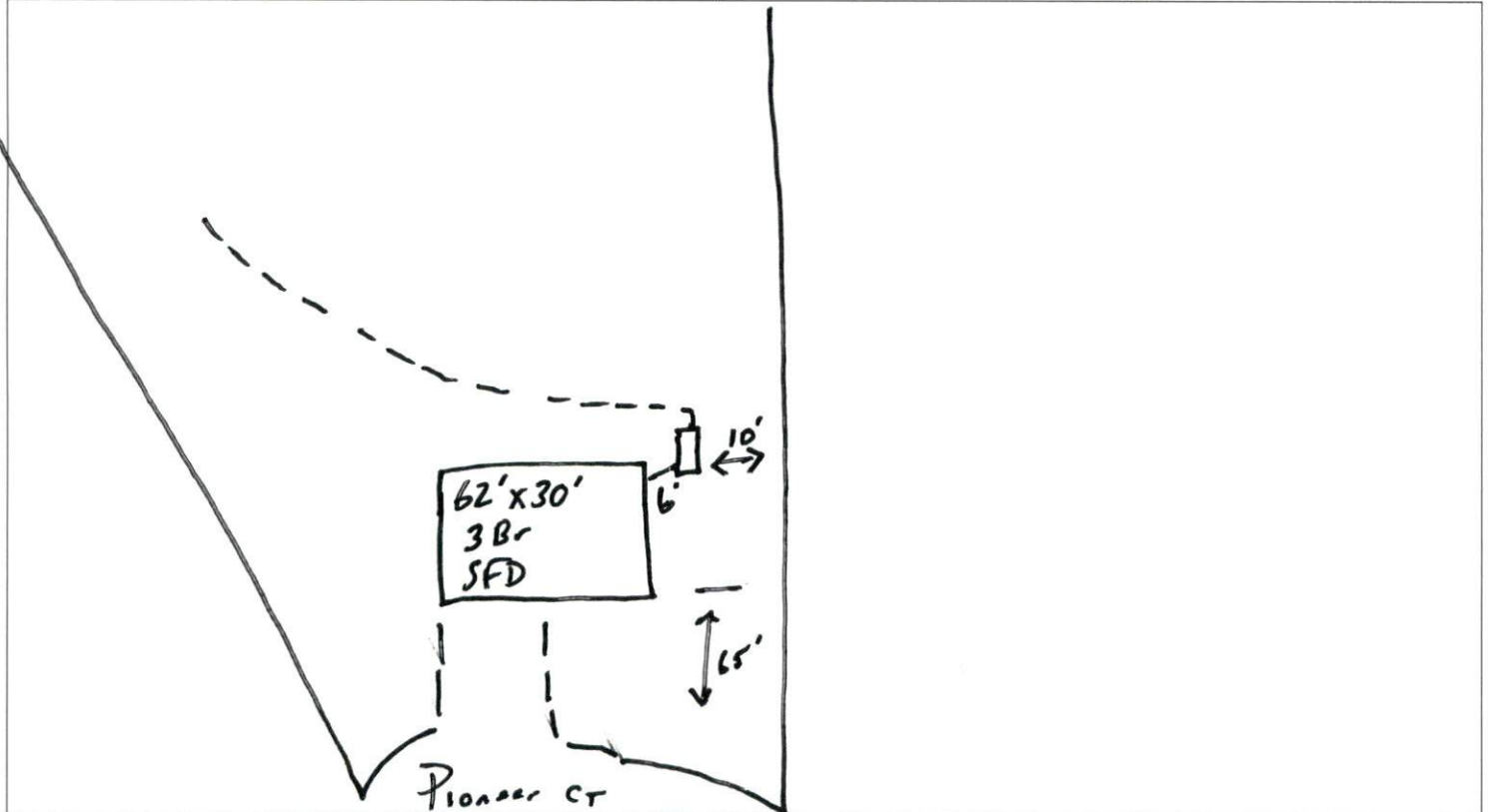
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: Tank replacement 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 Tank replacement Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches Existing of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

M. A. REHS

Date 7-16-25