Harnett County Department of Public Health

PERMIT # 5FD 2401-0114	Operation Permit	
	☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ Ex	xpansion
	PROPERTY LOCATION: 740 Meleod Rd (SR 1227)	
Name: (owner) Fernando Meza	SUBDIVISIONLOT #	
System Installer: H. Carring Ton		
Basement with plumbing: Garage Number of Bedrooms	5 (10 prop(x)	
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: Typutta	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 State	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule . II. Monitoring: As required by Rule 1961.		
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes \(\square\) N	io 🕱	
If yes, see attached sheet for additional operat	ion conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□	Alarm	PWR Line
Following are the specifications for the sewage disposal system on the		_ I WA LINE
Type of system: Conventional Other 25 % reliables	2°C TIBA I Q 4 Septic Tank: 1250 gallons Pump Tank:	gallons
Subsurface No. of exact lengt	h width of denth of	- 0
Drainage Field ditches of each dit		nches
French Drain Required: Linear feet	Λ ΛΑ	-

Authorized State Agent_