

Harnett County Department of Public Health

PERMIT # SFD 2402-0094

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 155 Van Winkle St

Name: (owner) Davidson Homes

SUBDIVISION Wellers Knoll

LOT # 38

System Installer: Gene's Backhoe

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

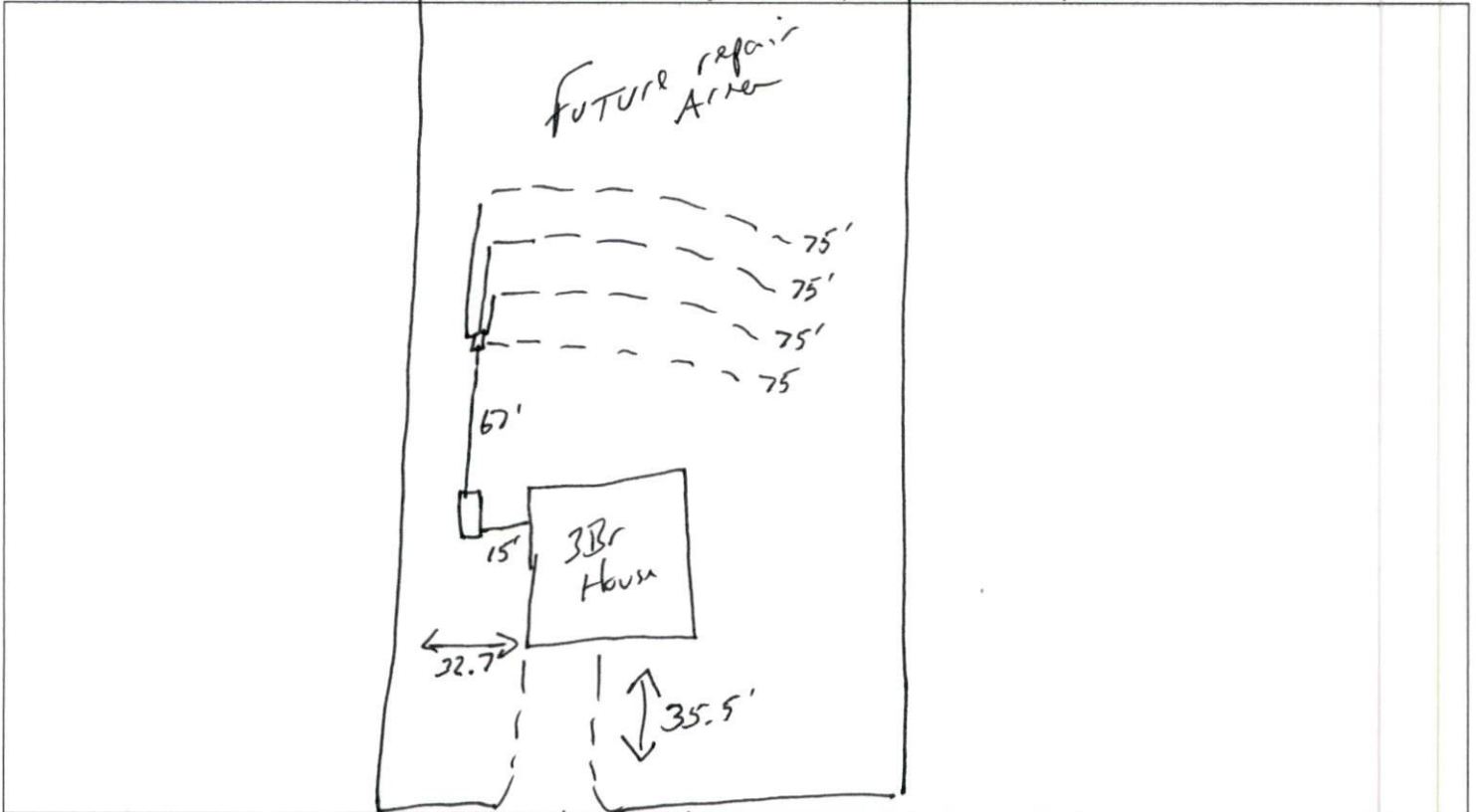
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Type IIIg 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 25% reduction ELFlow Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of 4 exact length 75 feet width of 3 depth of 18 inches
Drainage Field ditches _____ of each ditch _____ feet ditches _____ inches
French Drain Required: _____ Linear feet

Authorized State Agent _____

Moh [Signature] R.E.H.

Date 5-20-24