

HTE# _____

Harnett County Department of Public Health

No. 26600

PERMIT # SPLU 2308-0001

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 321 Dean Rd

Name: (owner) Jessica Gallagos SUBDIVISION _____ LOT # _____

System Installer: Shawn Cox Registration # _____

Basement with plumbing: Garage Number of Bedrooms Barn 50' x 80'

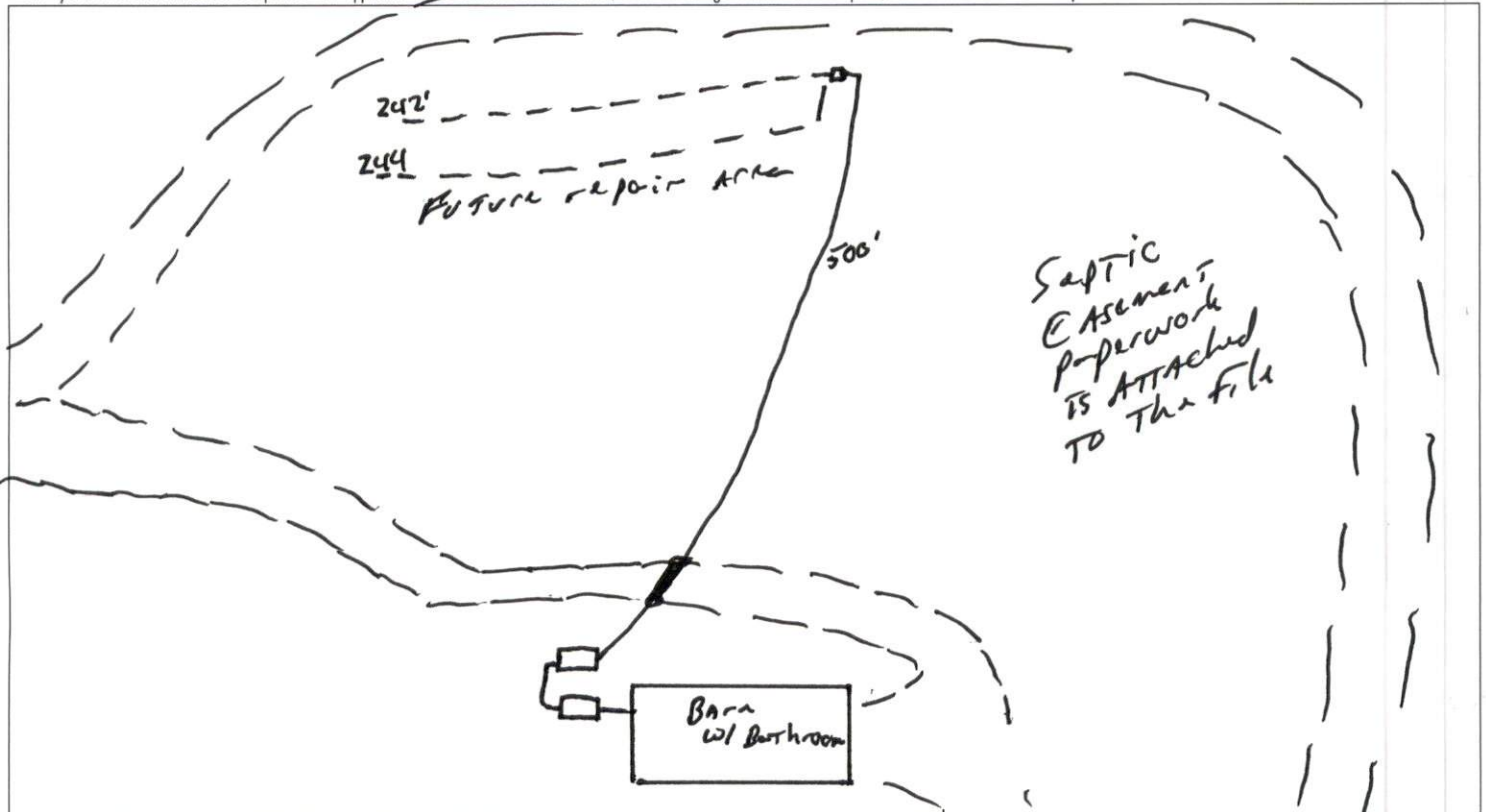
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: TYPE III B 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 252 REDUCTION IQ4 Septic Tank: 1500 gallons Pump Tank: 1500 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 486 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent Mah W. REITS Date 6-3-24