

HTE# _____

Harnett County Department of Public Health

25825

PERMIT # 30539

Operation Permit

☐ New Installation ☒ Septic Tank ☐ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: SL 1559 DIXON RDName: (owner) Tracy Massengill

SUBDIVISION _____

LOT # _____

System Installer: Client Adams

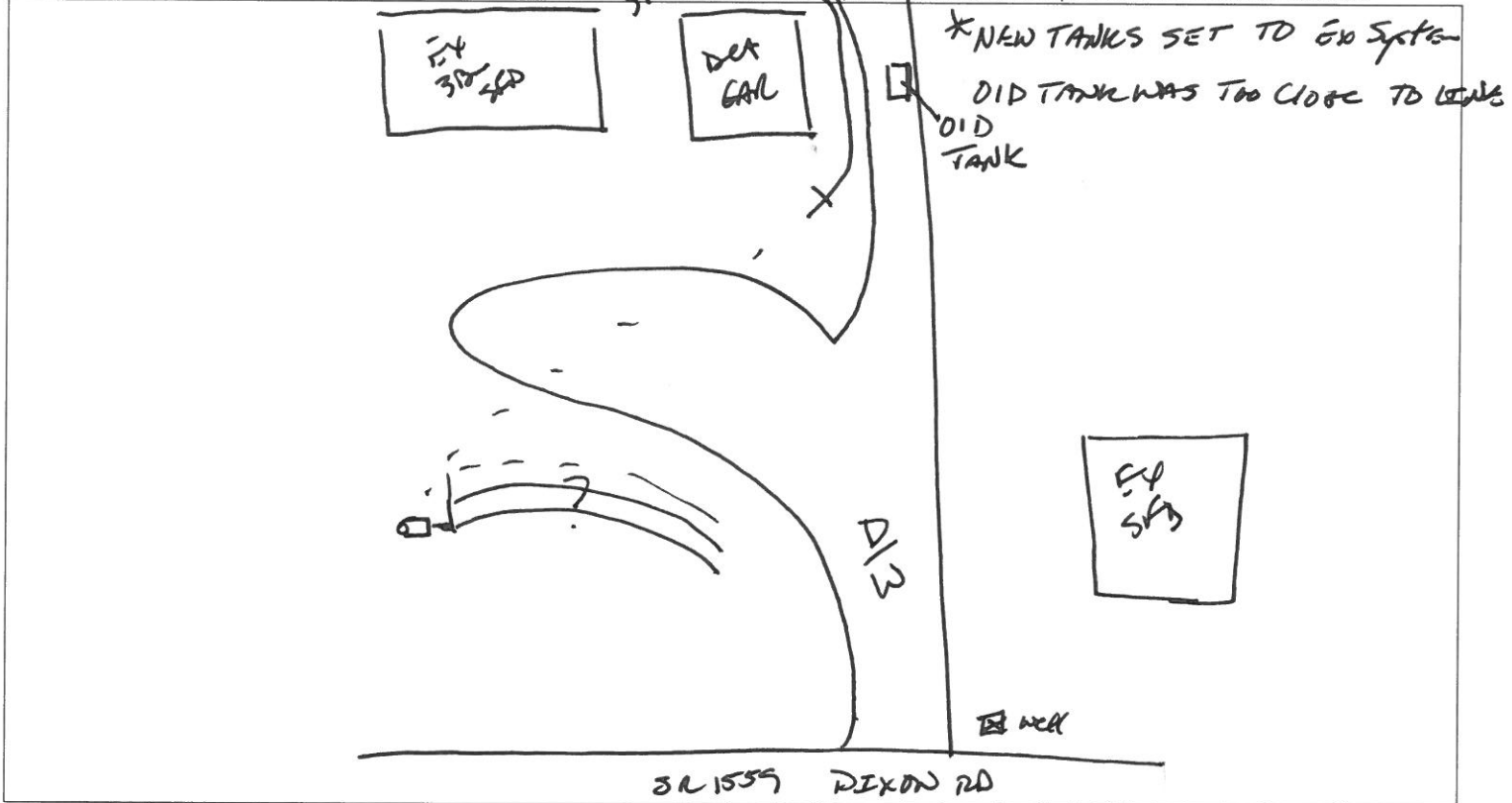
Registration # _____

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☒ Well Distance from well 50 feetSystem Type: Existing - NEW TANKS 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 Existing Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches _____ of each ditch _____ feet ditches 3 feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent

Jane E. Marshall REASDate 8-26-19