

1514/4-150635

Harnett County Department of Public Health

PERMIT # EA2507-0010

Operation Permit

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

PROPERTY LOCATION: SC 1120 Overhills RD

Name: (owner) Roots Management

SUBDIVISION Anderson Creek MHP

LOT # _____

System Installer: FRANKIE FINE

88 S Peggy St

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3

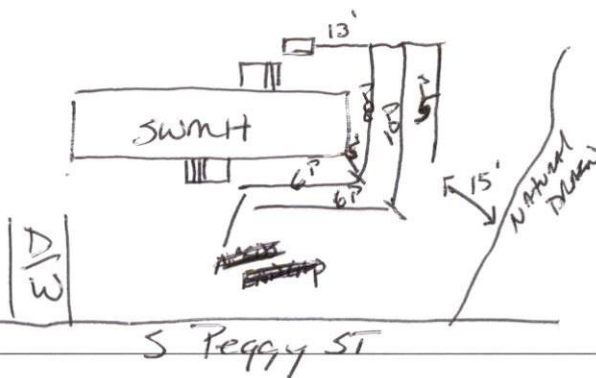
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: 25% REDUCTION SYSTEM - Chamber 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 Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 150 feet ditches 3 feet ditches 22-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. Markham

Date

9-4-25