

Harnett County Department of Public Health

PERMIT # EH2507-0014

Operation Permit

☐ New Installation ☒ Septic Tank ☐ Nitrification Line ☒ Repair ☐ Expansion
PROPERTY LOCATION: 221735 Antioch Ct RDName: (owner) Welland Barber

SUBDIVISION _____

LOT # _____

System Installer: Clint AdamsBasement with plumbing: ☐ Garage ☐ Number of Bedrooms 4Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: Tank to D-Box

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 Tank to D-Box Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent

James S. Manhart ~~REHS~~Date 8-19-25