

Harnett County Department of Public Health

PERMIT # SFD2305-0006

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SR, 1417 BAKERTOWN RD

Name: (owner) New Home, INC

SUBDIVISION Wood Bridge South

LOT # 25

System Installer: Dennis Medina

Basement with plumbing: Garage Number of Bedrooms 4

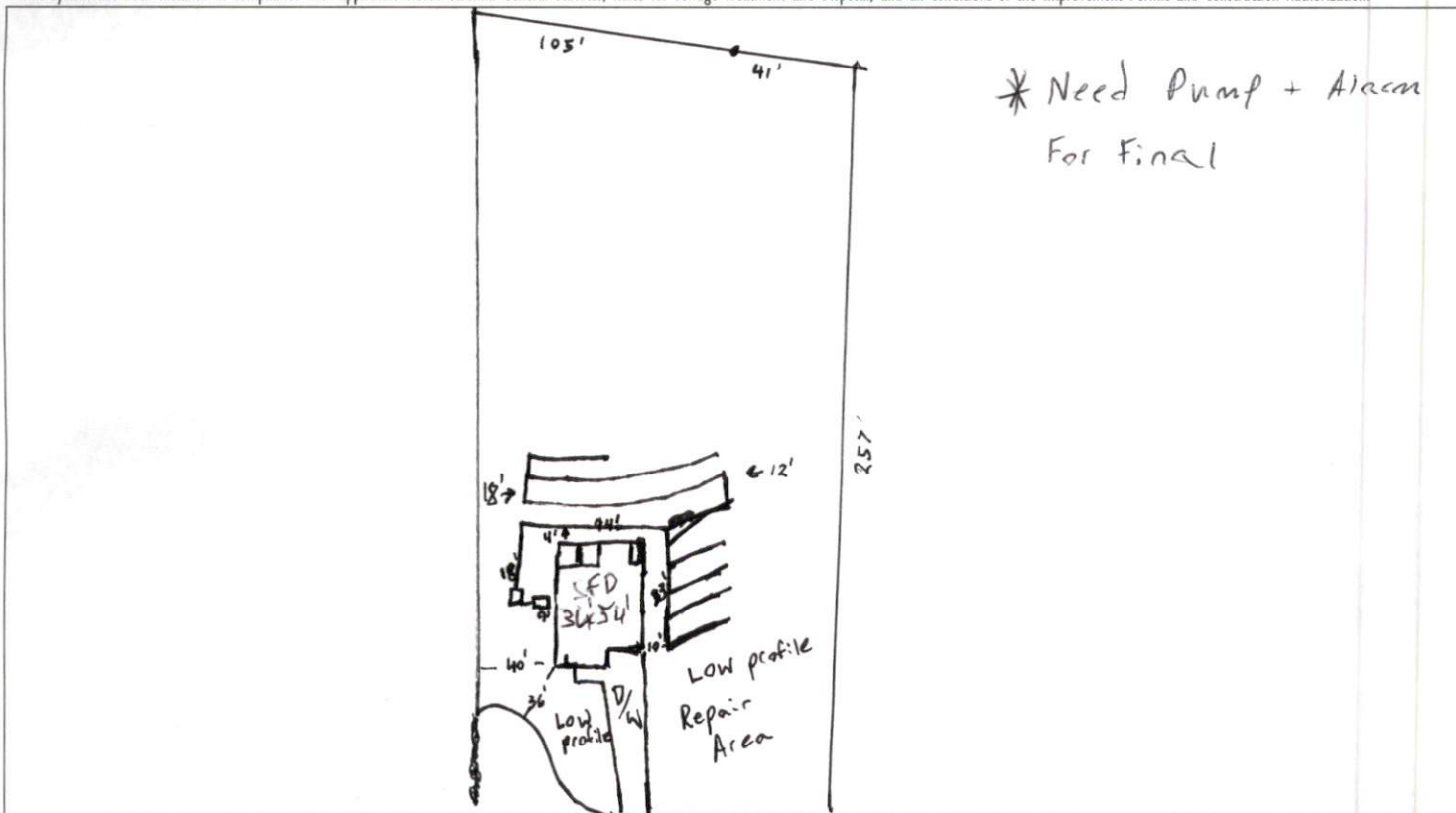
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Low profile chambers 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 _____ Septic Tank: 1,000 gallons Pump Tank: 1,000 gallons

Subsurface No. of _____ exact length _____ width of _____ depth of _____

Drainage Field ditches 1 of each ditch 408 feet ditches 3 feet ditches 12 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham III Date 9-20-23