Harnett County Department of Public Health

PERMIT # 515 2306-0033 Operation Permit
New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 1417 Location Line Repair Expansion
Name: (owner) NEW Home INC SUBDIVISION Woodbridge Sorth LOT # 10
System Installer: Derw=s medla
Basement with plumbing: Garage Mumber of Bedrooms 3
Type of Water Supply: Community Public Well Distance from well feet
System Type: 25 90 NESO CTUD System Types V and VI Systems expire in 5 years: (In accordance with Table V a) FLEGOWNER must contact Health Department 6 months prior to expiration for permit renewal.
(in accordance with Table Y a)
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.
The solution of the solution o
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 \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other 2500 (Conventional Subsurface No. of exact length width of depth of
Subsurface No. of exact length width of depth of Drainage Field ditches feet ditches inches
French Drain Required: Linear feet
Authorized State Agent James Manhan For EBMS Date 10-11-23