Harnett County Department of Public Health

PERMIT # SFD 2408-0010

Operation Permit

	×	PROPERTY LOCAT	ION: 80 Alana A	itrification Line L Repair	Expansion
Name: (owner) New Homes	Tac	SUBDIVISION	Duscons Creek	LOT	# 138
System Installer: Dennis	Medlin		S LATION I CITO		
	Number of Bedrooms 4	(8 Dealle)			
		tance from well	feet		
System Type:	PATITIG	Types	V and VI Systems expire in 5	years.	
(In accordance with Table V a)	Owr	ner must contact Health	Department 6 months prior	to expiration for permit renewal.	
This system has been installed in compliance with analisad	de North Courling Coursel Statutes &	Outer for Source Toursess	18:		
PERMIT CONDITIONS: I. Performance: System shall perform in	100 ·	Tore repair 4Br Home	45.2	Improvement Permit and Construction Author	wization.
II. Monitoring: As required by Rule .I	961.	r			
III. Maintenance: As required by Rule .I	961. Other:				_
	ator required? Yes 🗆 No 🔀				
IV. Operation:	eet for additional operation co	onditions, maintenance a	and reporting.		_
V. Other:					
D-Box 🗆	Pump -]	Alarm \square	H20Line 🗆	PWR Line
Following are the specifications for the sewage	disposal system on the above		-		
Type of system: Conventional	ther 25% reduct			gallons Pump Tank:	gallons
Subsurface No. of Drainage Field ditches 3	exact length	100	width of	depth of	
Drainage Field ditches	_ of each ditch _	feet	ditches	feet ditches	inches
Trench brain nequired:	Linear feet				
Authorized State Agent	Mad	Lange	Date_	11-20-24	