

Harnett County Department of Public Health

PERMIT # EA 2503-0008

Operation Permit

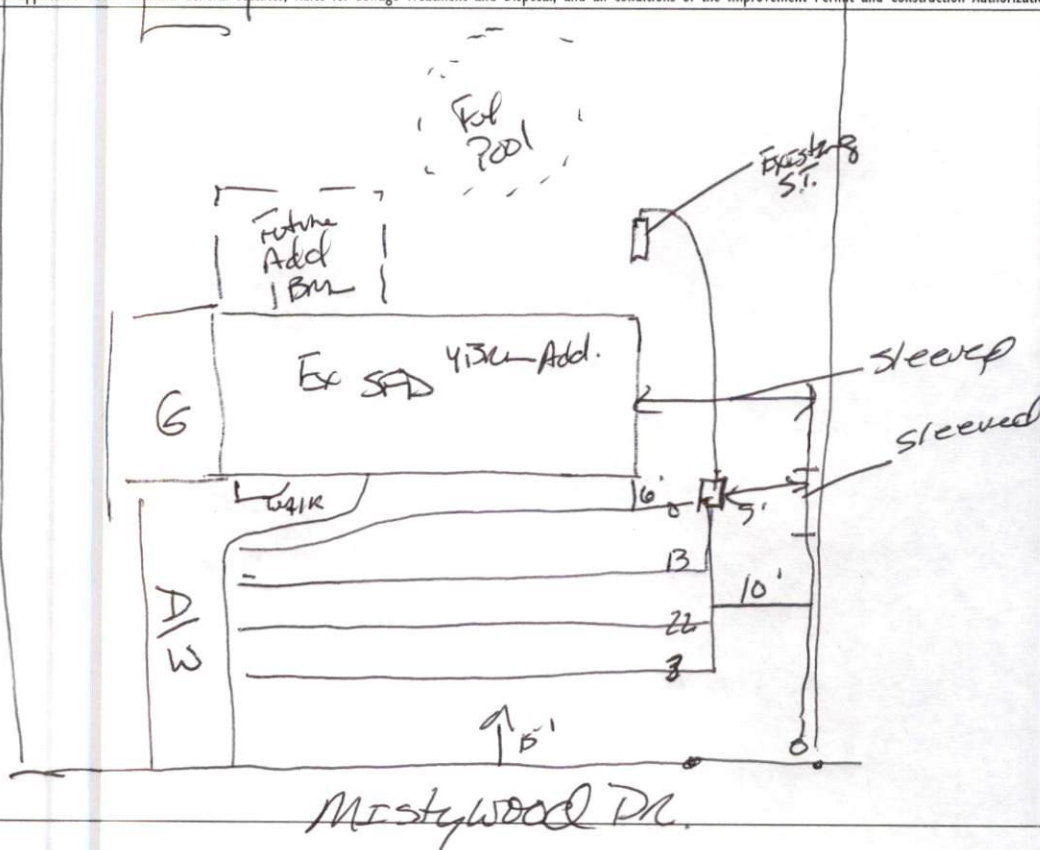
☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☐ Repair ☒ Expansion
PROPERTY LOCATION: Hwy 407 NSUBDIVISION South Ridge FarmLOT # 15Name: (owner) STUART WELLSSystem Installer: A+R Enterprises Richly NoteBasement with plumbing: ☐ Garage ☒ Number of Bedrooms 4Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: PPBS 50% TRENCHING Panel Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must notify 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.

*See Photos



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 PPBS 50% TRENCHING Septic Tank: Ex gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 50 feet ditches 3 feet ditches 22 inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. Markham PPBSDate 6-4-25

