Harnett County Department of Public Health

PERMIT # 500 2111-0003

Operation Permit

TENTIL #	operation remit
\boxtimes	New Installation 🗵 Septic Tank 🔯 Nitrification Line 🗌 Repair 🗌 Expansion
	PROPERTY LOCATION: 144 JAMES NORALS 10. (52440)
Name: (owner) BOBBIE M. WILGURD	
System Installer: DADID SMITH / STS SPECIALIST	
Basement with plumbing: Garage Mumber of Bedrooms	
CONTROL AND CONTROL AND ADDRESS OF THE ADDRESS OF T	nce from well Name of the feet
System Type: 25% NEXTEN STEEL III	Types V and VI Systems expire in 5 years. Types V and VI Systems expire in 5 years. Types V and VI Systems expire in 5 years.
(In accordance with Table V a) Owner	I must contact hearth bepartment o months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes Rul	les for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
This system has been instance in compnance with apprease north caronina benefits statutes, nor	CON SANGE TEACHER AND DESCRIPTION OF THE IMPORTANCE VALUE OF THE CONTROL OF THE C
* AT-CANDE SYSTEM @ 14EN	
W/ GIN DUPONT SOIL LOVER	
* DUMP TO MEDIUM D-BOX	16'
8-804	11/
EGUAL DISTRIBUTION	
× ====================================	13'
* INSTALL: 04/12/2022	-4/1 = CHONOSI 145 35%
* PUMP + ALALM: 06/29/2022 /	204 CHOOL 3) 45 35%
* PUMP + ALAIM: 06/29/2022 /	
/-	14/
	3-1 NT 120 MA. 1
	NO IDI AMAN
	lole)
2'	[[e]
	T 8 5F> 6
	25'
	41,1 0100
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule . 1961. JAMES	JORNIS 10. (521440)
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 No 🗀	
If yes, see attached sheet for additional operation co	nditions, maintenance and reporting.
IV. Operation:	
V. Other:	
□] Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above	
Type of system: Conventional Other OH Chams	
Subsurface No. of exact length	width of depth of
Drainage Field ditches 3 of each ditch _	
French Drain Required: Linear feet	
Authorized State Agent	Date
Authorized State Agent	Date