Harnett County Department of Public Health

PERMIT # SFO 2302- 0025 Operation Permit
New Installation
PROPERTY LOCATION: SA 1540 Yours RD
Name: (owner) Danviel & LAUREN WOLKERS SUBDIVISION LOT #
System Installer: A+12 Garage Number of Bedrooms 4
Type of Water Supply: Community Public Well Distance from well
System Type: 25% Person System Charles 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.
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PERMIT CONDITIONS:
l. Performance: System shall perform in accordance with Rule .1961.
II. Monitoring: As required by Rule .1961. When the second of the secon
Subsurface system operator required? Yes \(\sigma \) No \(\sigma \)
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
Y. Other:
D-BoxPumpAlarmH20LinePWR Line
Following are the specifications for the sewage_disposal system on the above captioned property.
Type of system: Conventional Other 759 Tenducity Septic Tank: gallons Pump Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 3 feet ditches 5 inches
French Drain Required: Linear feet
Authorized State Agent Janes & Marhand & Risers Date 7-21-25
Authorized State Agent panes Manhant Date 7-21-25