OPERATIONS PERMIT

Name: (owner) DO	MANK CUN	IN		New Installation	Septic Tank
Property Location:	SR#_/557	ilas Moone		Repairs	Nitrification Line
	Subdivision 6	UREL HOLLOW		Lot #	-
	TAX ID#			Quadrant #	
Contractor:	y Storpe			Registration #	
Basement with Plumb	oing:	Garage:			
Water Supply:	Well Pul	olic 🔲 Commun	nity		
Distance From Well:	50'	ft.			
Following are the sp	ecifications for	the sewage disposa	l syst	tem on above caption	ed property.
Type of system:	Conventional	Other			
Size of tank:	Septic Tank: //&	gallons	Pui	mp Tank: ga	llons
				width of ditchesft. d	
French Drain:	Line	ar feet			
		Date:		2-5-99	
PERMIT NO/3@	79	Inspe	cted l	by: <u>Cames EM</u> Environmental F	lealth Specialist
		235. HOM/s	CII DAHAD		

SR 1557

HARNETT COUNTY HEALTH DEPARTMENT

IN. ROVEMENT PERM

Nº 13079

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit

from the Harnett County Health Department."					
Name: (owner) DURANE CURREN	New Installation Septic Tank				
Property Location: SR# 1557 Silas	moore	Repairs	Nitrification Line		
Subdivision Qual Hollow		Lot	#9		
Tax ID #		Quadrant #			
Number of Bedrooms Proposed:3		Lot Size: 060 AC	re		
Basement with Plumbing:	Garage:				
Water Supply: Well Public	Communit	y			
Distance From Well:ft.					
Following is the minimum specifications for ser final approval. Type of system: Conventional		system on above captioned	property. Subject to		
		Pump Tank: ga	llons		
		width of de_ft. ditches3ft. di			
French Drain Required: Lin					
	Date: _	1-15-98			
This permit is subject to revocation if site	Signed	: games & Manh	actells.		
plans or intended use change.		Environmental Hea	lth Specialist		
		Maintain a	el althocks		
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