Harnett County Department of Public Health

PERMIT # Brosz	106-0052	Operation Permit		
			Mitrification Line Repair Ex	kpansion
Name: (owner)	JUSTINO Carloa Jel		LOT #	
System Installer:	Larry Sharpe			
Basement with plumbing		A Thomas and the state of the s		
Type of Water Supply: System Type:	The state of the s	Distance from well feet Types V and VI Systems (expire in 5 years	
(In accordance with Tab		Owner must contact Health Department 6 mor		
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.				
		76 2 4	SysTem Jass Correctly, b Wrong Type & of House on	all of Size
	-30'	80' 80' 80' 	FLVISION TO APPROVE O.P.	L REP
	را ^ر حال		EIP	
PERMIT CONDITIONS:	4	C- Michy Rouse (n-)	
I. Performance: II. Monitoring:	System shall perform in accordance with Rule As required by Rule .1961.	.1961.		
III. Maintenance:	As required by Rule .1961. Other:			
	Subsurface system operator required? Yes			
IV. Operation:	If yes, see attached sheet for additional opera	ation conditions, maintenance and reporting.		
V. Other:				
	D-Box	p 🗆 Alarm 🗆	H20Line 🗆	_ PWR Line
Following are the specif Type of system: Subsurface Drainage Field French Drain Required:	ications for the sewage disposal system on the conventional 🔯 Other <u>25% rules</u> No. of gexact length of each described in the convention of the convention	gth 80 width of		_ gallons
Authorized State Ag	ent Male M	-REHS	Date 1-4-22 On Site	House
			1-28-22	MAO