HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Nº08218

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Cullin Buildon Torc		
Property Location: SR# /446	☐ Repairs	☑ Nitrification Line
Subdivision <u>Versford</u>		
TAX ID#	Quadrant #	
Contractor: Fd Cumi	Registration # 34	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following are the specifications for the sewage disposa	al system on above ca	aptioned property.
Type of system: Conventional Other		
Size of tank: Septic Tank: OOO gallons Pump	Tank: gallons	3
Subsurface No. of exact length of each ditch	width of ft. ditches ft.	depth of 12 depth ditches in.
French Drain: Linear feet	T 9-85	
• • • • • • • • • • • • • • • • • • • •	te: <u>5-9-75</u>	
Ins	pected by:: James	MARKA
	Environmental H	Health Specialist
*A00 *A00 *A00 *A00 ** ** ** ** **	ition 50+	

SR 1446