HTE# U1/5	00-22520	Harnett County	y Department o	f Public Health	21178
PERMIT # _ QC	5511	,	Operation Perm	<u>it</u>	
	$C \setminus I$	1	PROPERTY LOCATION:	otic Tank 🗆 Repair 🔀 Nit	
Name: (owner) _ System Installer:	Cimberta.		_ SUBDIVISION <i>C</i>	IncliNA SCASO	25_LOT # 10
Basement with plum	oing: 🗌 🛮 Garage 🔀	Number of Bedrooms 3	Registration #		•
Type of Water Suppl System Type:		Public 🗆 Well Distar		feet Systems expire in 5 years.	
(In accordance with	Table V a)	ROAJ Owner		ent 6 months prior to expiration for	permit renewal.
This system has been insta	illed in compliance with applicat	7	s for Sewage Treatment and Disposal,	and all conditions of the Improvement Permit	and Construction Authorization.
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	my for	n6)	c)	, ,	
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	As required by Rule .19 As required by Rule .19				
IV. Operation:	If yes, see attached shee	t for additional operation cond	tions, maintenance and report	ng.	
V. Other:					
Following are the spec Type of system: Subsurface Drainage Field	fications for the sewage of Conventional Oth No. of ditches	isposal system on the above caller exact length of each ditch	Septic	•	o Tank: gallo th of 1824 inches