HTE#_11-5-25964	Harnett County Department of Public Health	
PERMIT #	Operation Permit	21968
	New Installation 🖄 Septic Tank 💢 Nitrification Line 🗆 PROPERTY LOCATION:	Repair 🗀 Expansion
Name: (owner) <u>Bill</u>		LOT # <u>14</u>
System Installer: <u>しっいとら</u> Basement with plumbing: □ Garay		
Type of Water Supply: Community	ge X Number of Bedrooms <u>3</u> X Public \Box Well Distance from well <u>100</u> feet	
System Type:	TIS 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	'enewal.
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 Const	ruction Authorization.
	92	
	89- 89-	
	236	
	QIZZ AROZINA OAKS CIRCLE	
PERMIT CONDITIONS: I. Performance: System shall perf	form in accordance with Rule .1961.	
II. Monitoring: As required by R	Rule . 1961.	
	Rule .1961. Other:	
	hed sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ _	Pump □Alarm □H20Line □	PWR Line
Following are the specifications for the second	ewage disposal system on the above captioned property.	
Type of system: Conventional Subsurface No. of	Q Other <u>CHANGER (QH*)</u> exact length Septic Tank: <u>1000</u> gallons Pump Tank: width of depth of	gallons
Drainage Field ditches		36-42 inches
French Drain Required:	Huge light	
Authorized State Agent	Date 5 24 1)	