	-30830R	Harnett County De	partment of Pub	lic Health	2304	6
PERMIT # 27	447	Ope	eration Permit			
Name: (owner) _ System Installer: Basement with plum Type of Water Suppl System Type: (In accordance with	TSCAEL  TEO Becombing: Garage Market	New In PROPI SUI Number of Bedrooms Public  Well Distance from	A REPAIR  LO AREA  OECK	POINT  Expire in 5 years.  Another prior to expiration to	LOT #	73
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation: V. Other:	System shall perform in As required by Rule .19 As required by Rule .19 Subsurface system opera		maintenance and reporting.			
	D-Box □	Pump □	Alarm 🗆	H20Line		PWR Lin
Following are the spe Type of system: Subsurface Drainage Field	ecifications for the sewage o	isposal system on the above captioned ner <u>CHAMBER</u> (QH) exact length of each ditch 200	f property.		Pump Tank: 1000 depth of ditches	gallons

Subsurface

Drainage Field

French Drain Required Linear feet

Authorized State Agent\_

RELIS

Date