25001

 Daggel

Harnett County Department of Public Health
Operation Permit

PERMIT #	Operation Fermi		
	New Installation Sept	tic Tank 🖬 Nitrification Line [Repair Expansion
		Chlarendon Ct. (old s	
Name: (awner)	Hand To SURDIVISION 55%	xford words	LOT # 25
	Hones Inc. SUBDIVISION 526	X tora works	
	Registration #		
	e Number of Bedrooms		
Type of Water Supply: Community	Public Well Distance from well ~~		
		Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Departme	ent 6 months prior to expiration for per	mit renewal.
This system has been installed in compliance with	applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, a	and all conditions of the Improvement Permit and	Construction Authorization.
	1	4	
	25% NEDUCTION		
	REPAIR		
	25% REDUCTIONS REPAIR ANEA		
	3 Ry		
	CHA		
	135		
	BAC 30 45 - 16		
	79 REPAIR 18		
	7		
	1 1 211		
	3B2 5FD		
	D	B	
	E		
	A		
	elarendon ct.		
PERMIT CONDITIONS:			
	form in accordance with Pula 1961		
The state of the s	form in accordance with Rule .1961.		2
II. Monitoring: As required by		ti tu	
	Rule .1961. Other:		
	m operator required? Yes No		
Name of the same o	hed sheet for additional operation conditions, maintenance and repor	ting.	
IV. Operation:			
-			1.
V. Other:			
□ D-Box □	Pump 🗆Alarm 🗆	H20Line □	PWR Line
	sewage disposal system on the above captioned property.	1110000	
Type of system: Conventional		tic Tank: 1000 gallons Pump	
Subsurface No. of Drainage Field ditches		width of depti	-1-1
brainage ricid diteries	or cach dich	ditches feet ditch	nes inches
French Drain Required:	Linear feet		
Authorized State Agent	mand Man MU	S Date 07/16/20	218