HTE# 08-5-21314 Harnett County Department of Public Health	
PERMIT # <u>24588</u> <u>Operation Permit</u> 221	89
🗹 New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair [Expansion
Name: (owner) Jinny Johnson SUBDIVISION LOT #	
Name: (owner) J: nny Johnson SUBDIVISION LOT # System Installer: Registration #	
Basement with plumbing: 🗆 Garage 🗆 Number of Bedrooms <u>381 gpcl</u> (2,pec,ple <u>most</u>	
Type of Water Supply: Community Public U Well Distance from well feet System Type: FAFB	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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 Construction Author	zation.
Parking	
Building	
to Parking	
5 Farth of	
LinestTawksOK yliolooiz	
41/6/20/2	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961.	
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🗆 Conventional 🖉 Other Long to Quick 4 Chanber Septic Tank:/OOO gallons Pump Tank: //OOO	gallons
Subsurface No. of exact length / C width of depth of	-
Drainage Field ditches 4 of each ditch 60 feet ditches 7 feet ditches 8	inches
Authorized State Agent Date 68 12	