HARNETT COUNTY HEALTH DEPARTMENT TRONMENTAL HEALTH SECTI

Nº 1011 -A

03-5-7457

OPERATIONS PERMIT

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Name: (owner) JN WESCO IC	22 () () () () () () () () () (
Property Location: SR# 1125 LEMUEL BLACK PO	Repairs Nitrification Line
Subdivision CARLIE HILLS	_ Lot #
TAX ID#	_ Quadrant #
Contractor: OTIS STRICKLAND	Registration #
Basement with Plumbing: Garage: Q	,
Water Supply:	
Distance From Well:ft.	
Following are the specifications for the sewage disposal system on above captioned property.	
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Type of system: Conventional Other Yours	STYPENE AGGREGATE TRENCH
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length Drainage Field ditches of each ditch	width of depth of ft. ditches 18 in.
French Drain: Linear feet	
PERMIT NO. 20215 Inspecte	d by: Environmental Health Specialist 364
	LPP REPAIR. SSX SH.S' HID?

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