Harnett County Department of Public Health

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PERMIT # EH ZIO	Operation Permit	
		✓ Nitrification Line ✓ Repair ☐ Expansion
_		OID STREET . ZIS
Name: (owner)	Phylos Buck SUBDIVISION	LOT #
System Installer: Kenneth Weeks		
Basement with plumbing: Garage Mumber of Bedrooms 3		
Type of Water Supply: Community Public Well Distance from well 50' feet		
System Type: 75% 7650 545 Type III C Types V and VI Systems expire in 5 years.		
(In accordance with Table V a) FZ LMY Öwner 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 Authorization.		
	\Rightarrow	NEEDS Pump + Alana
		Low Final (or)
		Pumpt Altran Euspected 8-4-21
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		Off well work Correctly
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DEBMIT COMPITIONS		
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule 1961.	
II. Monitoring:	As required by Rule .1961.	STROET - (01D STAGE RD 1765)
III. Maintenance:	As required by Rule .1961. Other:	5,,
	Subsurface system operator required? Yes □ No □	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
v. other.		NAME OF THE PARTY
	D-Box	H20Line
Following are the specifications for the sewage disposal system on the above captioned property.		
Type of system: Subsurface		gallons Pump Tank: 1000 gallons
Drainage Field	No. of exact length width of ditches feet ditches	$\frac{3}{8}$ feet ditches $\frac{18}{18}$ inches
French Drain Required	: Linear feet	The street of th
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Authorized State Agent Some & Marchan & Date 8-4-71		
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