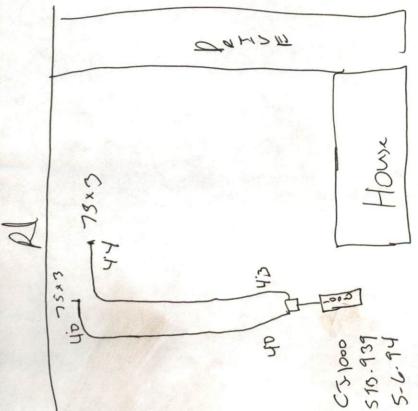
CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) HAWley Builder Property Location: SR# HUY 27 Subdivision Stoney Creek TAX ID#	New Installation Repairs Lot #	Septic Tank Nitrification Line
Contractor: Ted BROWN	Registration #	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community	y	
Distance From Well: MA ft.		
Following are the specifications for the sewage dispos	al system on above o	captioned property.
Type of system: Conventional Other MA Size of tank: Septic Tank: Oo gallons Pump Subsurface No. of exact length of each ditch	Tank: N/A gallon	ns ,
French Drain: N/A Linear feet Da PERMIT NO. 007499 Ins	spected by:: 97	U_ARS
	Environmental	Health Specialist



IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department". Bullnens New Installation Septic Tank Name: (owner) Property Location: ______ Repairs ____ Repairs ☐ Nitrification Line Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Community Water Supply: Well Distance From Well: _____/__ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional □ Other Pump Tank: N/A gallons Size of tank: Septic Tank: 900 gallons 2 exact length of each ditch 75 ft. ditches Subsurface No. of Drainage Field ditches ft. ditches This permit is subject to revocation if site Date: _ plans or intended use change. Signed: Environmental Health Specialist VOID AFTER 5 YEARS 160 NUTE