

HTE # 06-5001383

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

18223

OPERATIONS PERMIT

Name: (owner) Aureliano Lamilavide New Installation Septic Tank Repair

Property Location: SR# 1209 Nitrification Line Expansion
Subdivision Trace South Lot # 6 Tax ID # _____ Quadrant # _____

Contractor: Mike RAY Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community
Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: existing gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: _____ Linear feet Date: 01-30-06

PERMIT NO. 22448 Inspected by: Joe Wades

