## Harnett County Department of Public Health

	The state of the s	
PERMIT # 55-0 2010-6056	Operation Permit	th 1513
	•	k ⊠ Nitrification Line □ Repair □ Expansion
		ENTH DR. (DELLS CRIND)
Name: (owner) SICNATORIZ	HONZ BLOS SUBDIVISION SOUTH	The state of the s
System Installer: CENTES CARCHELLICE		
Basement with plumbing:  Garage Number of Bedrooms 3		
Type of Water Supply:   Community Public Well Distance from well feet		
	Types V and VI Systems	
(In accordance with Table V a)	Owner must contact Health Department 6 m	onths prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, kules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.		
		<i>:</i>
	25% NEON	*GARRIET TO BARR
	AZBAIR ANZA	*GRAVITY TO D-BOX
	Aren	EQUAL DISTRIBUTION
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PERMIT CONDITIONS:	HEATH DOUE	
	accordance with Rule .1961.	
II. Monitoring: As required by Rule .196	III. Maintenance: As required by Rule .1961. Other:	
	tor required? Yes 🗆 No 🔯	
	t for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V 04		
V. Other:	N	UODI: D DWD I:
		H20Line             PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional Conven		
Subsurface No. of	exact length width of	depth of
Drainage Field ditches 3	8	
French Drain Required: Linear feet		
		,
Authorized State Agent	mount, e	Date 06/30/2021