Harnett County Department of Public Health

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PERMIT #592212-0021	Operation Permit	t -	
		ic Tank 🗹 Nitrification Line 🗆	Repair Expansion
	PROPERTY LOCATION: 570	1418 Nue 8D	=paii = Expansion
Name: (owner) Jayson T		LARINS CANDER	LOT # 60
System Installer: ADCOCK	skeduration	٥	
Basement with plumbing: Garage Type of Water Supply: Community	imber of Bedrooms	· · ·	
		feet Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Departme	nt 6 months prior to expiration for perm	nit renewal.
This system has been installed in compliance with applicable	EZFON orth Carolina General Statutes, Rules for Sewage Treatment and Disposal, a	and all conditions of the Improvement Damite and (Construction Australian
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	n' = 1	1, -1	NAS Replation
	10' That		
	7	18'	
	7 18		
	1 22	50% Repair	
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	Bouher STREET		
PERMIT CONDITIONS: I. Performance: System shall perform in a	cordance with Rule .1961.		
II. Monitoring: As required by Rule .196			
III. Maintenance: As required by Rule .196			
	required? Yes \(\sum \) No \(\subseteq \) for additional operation conditions, maintenance and report	ing	
IV. Operation:	or additional operation conditions, maintenance and report	ing.	
V. Other:			
□ D-Box □	Pump	□ H20line □	PWR Line
Following are the specifications for the sewage di	•	IIZULIIU	TWK LINE
Type of system: Conventional Other	25% DEDUCTION Seption	c Tank: _/000 gallons Pump T	
Subsurface No. of Drainage Field ditches 4		idth of depth itches	
French Drain Required:	of each ditch feet d	itches feet ditches	inches
	1-504-		
Authorized State Agent	E Manhant 12645	Date6-23	1-23