Harnett County Department of Public Health

PERMIT # 5FD	2412-0075	Operation Permit New Installation Seption	c Tank 🗹 Nitrification Line 🗆	Renair Fynansion
		PROPERTY LOCATION	1723 Tentingon	ZA Inchair - Expansion
Name: (owner)	Ignature Home B	Burkhers SUBDIVISION PARCE	el squagori	LOT # [A
(In accordance with T	ng: Garage Number of B Community Public Community System where V a)	Well Distance from well fe Chamber Types V and VI Sy Owner must contact Health Department	t 6 months prior to expiration for permi	
This system has been instal	ed in compliance with applicable North Carolina	General Statutes, Rules for Sewage Treatment and Disposal, and	d all conditions of the Improvement Permit and Co	onstruction Authorization.
PERMIT CONDITIONS:		102 25 25005 102 25 25005 102 25 25005 35 3 Bien 35 4 D	Tulayton ZD	
I. Performance: II. Monitoring: III. Maintenance: IV. Operation:	System shall perform in accordance with As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? If yes, see attached sheet for addition		g.	
V. Other:				
	D-Box	_Pump 🗆 Alarm 🗆	H20Line 🗆	PWR Line
Following are the speci Type of system: Subsurface Drainage Field French Drain Required:	No. of ex	act length wid each ditch 107 feet ditch	Tank: gallons Pump Tai th of depth o hes feet ditches	nk: gallons f Inches
Authorized State Ag	en Jones & M	Jawhan Jan 78AS	Date5-5-2	5