Harnett County Department of Public Health 19449	
PERMIT # 23648 Operation Permit	
Name: (owner) Name: (owner) Name: (owner) Name: (owner) System Installer: System Installer: Garage Number of Bedrooms Type of Water Supply: System Type: System Type: Type of Water Supply: Community Public Well Distance from well Types V and VI Systems expire in 5 years. Conditions of the Improvement Permit and Construction Authorization.	sio
3	
7- 45 UN M 37'	
PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. 11. Maintenance: Subsurface system operator required? Yes \Box\ No \Box\ 15. If yes, see attached sheet for additional operation conditions, maintenance and reporting. 16. V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Other Size of tank: Septic Tank: Size of tank: Septic Tank: Size of tank: Septic Tank: Get ditches Jeffet ditches Inches Authorized State Agent Authorized State Agent Other Othe	ns