HTE#	11-52	Harnett County Department of Public Health
DEDMI	T# 26	Operation Permit 21987
Name Syste Basem Type System (In ac	e: (owner) m Installer: nent with plumbin of Water Supply: n Type: ccordance with Ta	Operation Permit 21987
		TOWER DEIVE
	IT CONDITIONS:	System shall perform in accordance with Rule .1961.
I. II.	Performance: Monitoring:	As required by Rule .1961.
III.	Maintenance:	As required by Rule .1961. Other:
		Subsurface system operator required? Yes No
IV.	Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
٧.	Other:	
		D-Box
	wing are the spe of system: \square	
Subsu	ırface	No. of exact length width of depth of
	iage Field Th Drain Required	Serve application Con

French Drain Required: 🗻

Authorized State Agent_

Linear feet