Authorized State Agent_

HTE# 17 -5- 42926	Harnett County Department of Public Health 24973)
Name: (owner) Tonny Allen System Installer: Dennis	Neddia Registration #	
Type of Water Supply: Community	Number of Bedrooms 3 Public Well Distance from well feet Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.	
	A PROPOSED WATER SOLUTION POPULATE POPULATE	
II. Monitoring: As required by Rule .19 III. Maintenance: As required by Rule .19 Subsurface system opera		
IV. Operation: V. Other:		
	Pump	_ PWR Line gallons inches

Date ____

17-5-43736

