Harnett County Department of Public Health

25117

PERMIT # 29709

Operation Permit

Name: (owner)	
System Installer:	
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well feet System Type: Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.	
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Home DRIVE	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule 1961.	
 I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. 	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 No 🔀	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
IV. Operation:	
V. Other:	
□ D-Box □ Pump □ Alarm □ H20Line □ PWR	Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other E.Z. Frow Septic Tank:	ons
Desirons Field depth of S	
Drainage Field ditches of each ditch feet ditches feet ditches inches inches	
Authorized State Agent Date 8/24/1P	