Harnett County Department of Public Health

Name: (owner) Fan: 14 Building Compa	Operation Permit New Installation Septic Tar PROPERTY LOCATION: 181	Nitrification Line Repair Royer St Fuguer	
Basement with plumbing: Garage Number of Bedroom Type of Water Supply: Community Public Well System Type: 25% Resuction Type III 69 (In accordance with Table V a)	Distance from well feet feet Types V and VI System: Owner must contact Health Department 6 m	s expire in 5 years. nonths prior to expiration for permit renewal.	<u>Sm</u>
This system has been installed in compliance with applicable North Carolina General S **AcedS Parp + Alecas** For Final	\strain \text{3.3}	onditions of the Improvement Permit and Construction Authoriz	ation.
Exemp)	elevation conange 1 Set 38R Set 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	oH power Line	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rul II. Monitoring: As required by Rule .1961. III. Maintenance: Subsurface system operator required? Yes If yes, see attached sheet for additional ope IV. Operation:		142	
V. Other:		HOOL:	. DIMID I
Subsurface No of exact le	pe above captioned property. Septic Tank	H20Line	PWR Line gallons inches
Authorized State Agent In	(EHS	Date 2-14-25	