Harnett County Department of Public Health

PERMIT # SFD 2503.0120

Operation Permit

Name: (owner) System Installer: Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well System Type: (In accordance with Table V a) This system has been installed in compliance with applicable North Carolina General S	Distance from well Owner must contact Health	Septic Tank NON: 64 Rider Broydon Preserv feet V and VI Systems expire in 5 Department 6 months prior	to expiration for permit renewa	ıl.
PERMIT CONDITIONS:	La 62 62 62	futura ryar arra		
I. Performance: System shall perform in accordance with Rul III. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes ☐ If yes, see attached sheet for additional ope IV. Operation:] No [★	and reporting.		
V. Other: D-Box Pum	np 🗆	Alarm \square	H20Line	PWR Line
Subsurface No. of exact let	LUCTION I QY	Septic Tank: width of ditches	gallons Pump Tank:	
Authorized State Agent Some & MAN	shar for 1848	Alous Date	9-4-75	