HTE# 07-5-16743 Harnett (County Department of Public Health	21080
PERMIT # 24302	Operation Permit	
	■ New Installation ■ Septic Tank □ Repair ■ PROPERTY LOCATION: LENGEL BLACK	Nitrification Line ロ Expansion
Name: (owner) How ELL EOW ARDS	SUBDIVISION GATENEST	LOT # <u>\ </u>
System Installer: OTIS STORCKIONED	Registration #	,
Basement with plumbing: Garage Number of Bedroom		
Type of Water Supply: Community Public Well		
System Type:	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration	for permit renewal.
This system has been installed in compliance with applicable North Carolina General S	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Per	mit and Construction Authorization.
MERMING NIS MEE SUBDIVISION MAR FOR ALL EASEMENT & LOT DIMENSIONS	Qqq-166427	
PERMIT CONDITIONS:	DOWN TO STORY TO STOR	
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 ex	
If yes, see attached sheet for additional operation:	ation conditions, maintenance and reporting.	
Y. Other:		

Following are the specifications for the sewage disposal system on the above captioned property. Type of system: \Box Conventional \boxtimes Other \underline{Pume} To $\underline{E2F_{Low}}$ Subsurface

exact length
of each ditch No. of

Septic Tank: 1000 width of

_ gallons Pump Tank: ___ gallons depth of

Drainage Field ditches French Drain Required:

feet

ditches feet ditches 12 inches

Authorized State Agent_

Date 10