	HTE# 08-500-212474 H ett County Department of Pub lealth 20627
	PERMIT # 25309 Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansion  PROPERTY LOCATION: 1/25
	PROPERTY LOCATION: 1,25
	Name: (owner) Black Well Homes SUBDIVISION Woodshire LOT# 162  System Installer: D STRICT Lord Registration #
	System Installer: O 577272 Load Registration #  Basement with plumbing: Garage Number of Bedrooms 3
	Type of Water Supply:  Community Public  Well Distance from well 100 feet
	System Type: Vand 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.
	Owner must contact realth bepartment o months prior to expiration for permit renewal.
[	This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	PERMIT CONDITIONS:  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 D No SI If yes, see attached sheet for additional operation conditions, maintenance and reporting.
	IV. Operation:
	V. Other:
	Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional 5 Other 7 9 9 9 gallons Pump Tank: 9 9 gallons Pump Tank: 9 9 gallons
	Subsurface No. of exact length width of depth of
	Drainage Field ditches of each ditch _ 2 <-> feet ditches feet ditches inches inches inches inches
	Authorized State Agent O Date 01.27-39
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