HTE# <u>09-500 21</u> 662R	Harnett County D	epartment of	Public Health	20727
PERMIT # <u>25369</u>	<u>0</u> J	peration Permit		
	New	Installation 🔀 Septi	c Tank 🗆 Repair 🗷 N	itrification Line 🗆 Expansion
Name: (owner) Blackwell	Home, s	OPERTY LOCATION: )	125 102d (hip.	10T # \8C
System Installer: U. J. Aick I M	دا .	_ Registration #		201 11 303
Basement with plumbing: ☐ Garage ☐ N Type of Water Supply: ☐ Community ✓ I	Number of Bedrooms		004	
System Type: E-7 F10 C/ TITY 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	forth Carolina General Statutes, Rules for S	sewage Treatment and Disposal, an	d all conditions of the Improvement Perm	it and Construction Authorization.
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PERMIT CONDITIONS:	<u> </u>		1 1	
I. Performance: System shall perform in ac	cordance with Rule .1961.	ord Point		
II. Monitoring: As required by Rule .1961 III. Maintenance: As required by Rule .1961				
Subsurface system operator	r required? Yes 🗆 No 🛛			
If yes, see attached sheet  IV. Operation:	for additional operation conditions,	, maintenance and reporting	g.	
V. Other:				
Following are the specifications for the sewage disp		• • •	1000	
Type of system:  Conventional Subsurface No. of	$\frac{\mathcal{E} \cdot 2}{\text{exact length}} = \frac{\mathcal{E} \cdot 2}{2}$	Septic 1 wid		mp Tank: gallons lepth of
Drainage Field ditches French Drain Required:	of each ditch	feet ditc		litches 182 inches
17				
Authorized State Agent	(AR)		Date Dy ·	6-29