HTE# 12-5-28696

## Harnett County Department of Public Health

PERMIT # 269	<u>Op</u>	<u>eration Permit</u>	22413
	New I	nstallation 🛭 Septic Tank 🕱 Ni	itrification Line 🗆 Repair 🗀 Expansion
	_ PROI	ERTY LOCATION: BYED RD	
Name: (owner) <u>S</u>	DUSTIN BLOCKHELL INC SI	BDIVISION	LOT # _ <del>_ 2</del>
System Installer:		Registration #	
Basement with plumbi		_	
Type of Water Supply:	☐ Community 🔀 Public ☐ Well Distance from	n well 100 feet	
System Type:	THE STATES	Types V and VI Systems expire in 5	
(In accordance with Ta	ble V a) Owner must	contact Health Department 6 months prior t	o expiration for permit renewal.
This system has been install	d in compliance with applicable North Carolina General Statutes, Rules for Se	wage Treatment and Disposal, and all conditions of the	Improvement Permit and Construction Authorization
7			
	HOUSE  HOUSE  PERMICA  REPRICA		
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordance with Rule .1961. As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes  No If yes, see attached sheet for additional operation conditions,	maintanance and reporting	
IV. Operation:	in yes, see attached sheet for additional operation conditions,	mamenance and reporting.	
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V. Other:			
	D-Box 🗆 Pump 🗆	Alarm 🗆	H20Line
Following are the speci	fications for the sewage disposal system on the above caption		
Type of system:		•	gallons Pump Tank: gallons
Subsurface	No. of exact length of each ditch	width of	depth of feet ditches 18–30 inches
Drainage Field French Drain Required:	ditches of each ditch	feet ditches <u>3</u>	feet ditches inches
riencii Diani Nequired.	A linear feet		
Authorized State Ag		RENS Date	7/26/12