HTE# 5: 520040019

Harnett County Department of Public Health

No. 26549

PERMIT # NA

Operation Permit

New Installation 🗷 Septic Tank Nitrification Line 🗆 Repair 🗆 Expa	
PROPERTY LOCATION: 199 W. BLACKMAN NO (SNIT	
Name: (owner) JOSTIN & ENILY SMITH SUBDIVISION LOT # TO	12
System Installer: C+ Registration # Registration #	
Basement with plumbing: Garage Number of Bedrooms — —————————————————————————————————	
System Type: Community Public Well Distance from well 15 feet	
System Type: 25% 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	
(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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
35' 11. 35' 11. 35' 11. 35' 11. 35' 11. 37'	3.57
PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule 1941 253+1-	
l. Performance: System shall perform in accordance with Rule .1961. Monitoring: As required by Rule .1961.	
II. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \(\square\) No \(\square\)	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Operation	
W. BLACKMAN (SR 1781)	
. Other:	
D-Box	/R Line
ollowing are the specifications for the sewage disposal system on the above captioned property.	
ype of system: 🗆 Conventional 🕱 Other 🔀 🖘 📆 📆 Septic Tank: 1250 gallons Pump Tank: ga	llons
ubsurface No. of exact length width of depth of	
Orainage Field ditches	
rench Drain Required: Linear feet	
authorized State Agent Date 08 18 2020	