## Harnett County Department of Public Health

PERMIT # SFD 2501-0038

Operation Permit

	New Installation Septic Tank Mitrification Line Repair Expansion
Name: (owner) Walled Contractors	PROPERTY LOCATION: 66 Blackgum CT (SR1164)  SUBDIVISION Rolling Springs LOT # 129
System Installer: Yellow Dog	
Basement with plumbing: Garage 🗷 Number of Bedrooms	3 ( Speaple)
Type of Water Supply:   Community   Public   Well	Distance from well feet
System Type: Type TIT 9  (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with Table V a)	owner must contact nearth 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.	
79' 78'  70'  61' × 44'  38'  17'  61' × 44'	
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with Rule .	Black sun
II. Monitoring: As required by Rule .1961.	701.
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes \(\sime\) M  If yes, see attached sheet for additional operator	
IV. Operation:	
V. Other:	
□ D-Box □ Pump	□ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other 25 % red ( Subsurface No. of exact length	0
Drainage Field ditches of each dit	th 152 feet ditches 3 feet ditches 20 inches
French Drain Required: Linear feet	
Authorized State Agent	Mah de 12 EH) Date 4-25-25