HTE# 07.500-17912R

Ha...tt County Department of Public nealth 19809

PERMIT #	24200	

Operation Permit

FENTIL # ON 12	<u>op</u>	cration i crimit			
	✓ New I	stallation ⁄ Septic Tank 🗆	Repair 🛭 Nitrification Line 🗆	Expansion	
	PROI	BDIVISION (CC) TO(T)	, ,		
Name: (owner)	Cumberland Home SU	RDIVISION CALL TUTY	LOT # _	250	
	all a	DUVISION (CC) 13(1)	L01 # _	0,	
	164 13 11000	Registration #			
Basement with plumbin	ng: 🗆 Garage 🖾 Number of Bedrooms	_			
Type of Water Supply:	Community Public Well Distance from	n well feet			
System Type:		Types V and VI Systems expire in	n 5 years.		
(In accordance with Ta		contact Health Department 6 months pri			
(iii accordance with ra	or a grant must	contact reads beparenent o mondis pri	or to expiration for permit renewal.		
This system has been install	ed 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	on.	
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PERMIT CONDITIONS:					
I. Performance:	System shall perform in accordance with Rule .1961.	R	Nonel		
II. Monitoring:	As required by Rule .1961.	100	., .(
III. Maintenance:					
III. Haintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes \(\subseteq \text{No } \(\subseteq \)				
IV. A	If yes, see attached sheet for additional operation conditions	maintenance and reporting.			
IV. Operation:					
V 0-1					
V. Other:					
Following are the spec	ifications for the sewage disposal system on the above caption	ed property			
Type of system: Conventional Conventional Conventional Souther Souther Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons					
Subsurface	No. of exact length			gallons	
		width of	depth of	index.	
Drainage Field	ditches of each ditch \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	feet ditches	feet ditches 18-24	inches	
French Drain Required:	Linear feet				
	() () ()		11 22 27		
Authorized State Agent Date \\ \Sigma Sigma \\					
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