

HTE# ~~08500~~ 08500 Harnett County Department of Public Health 20926
 PERMIT # 25507 199572
Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

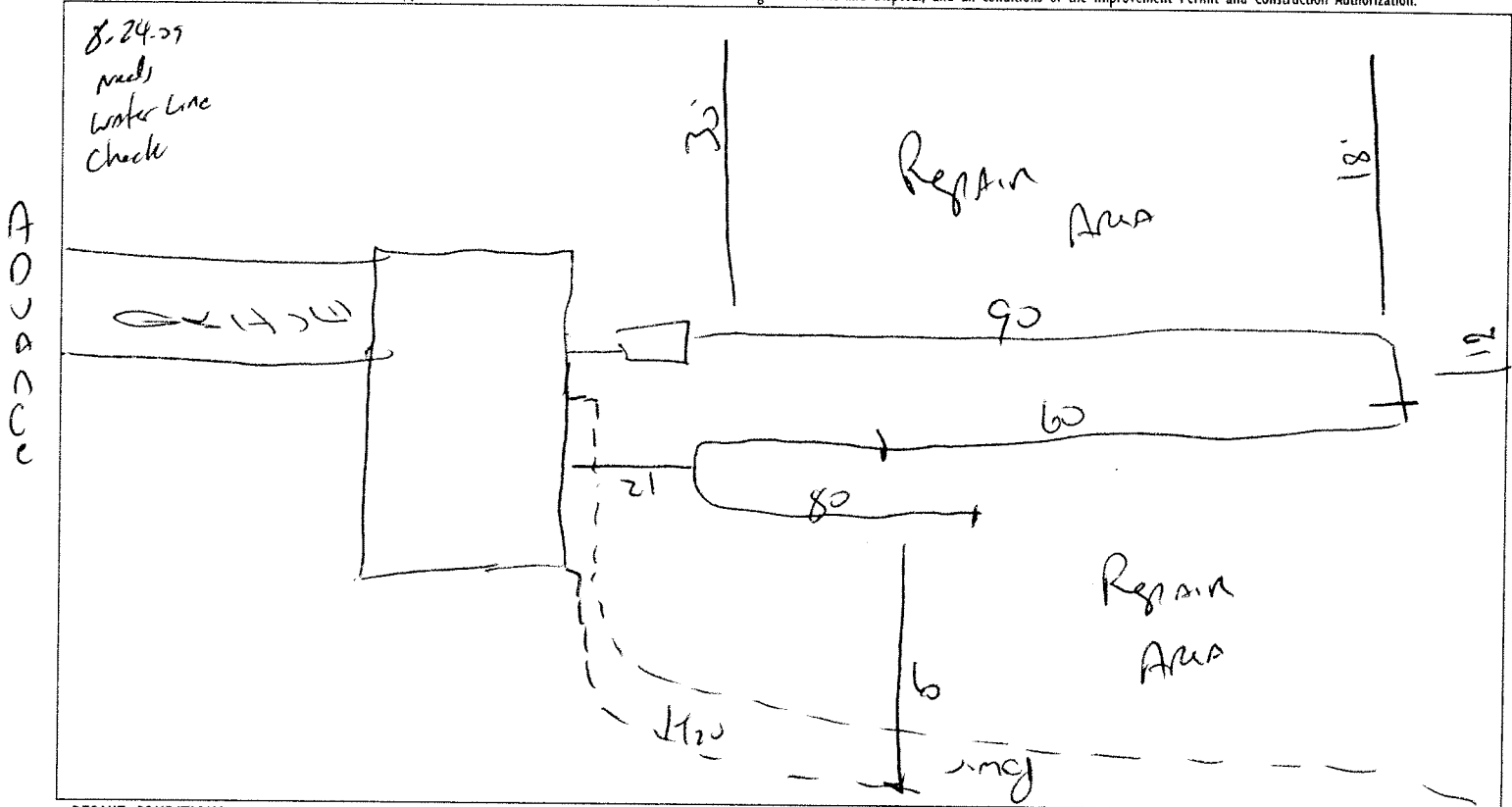
Name: (owner) Kenneth Cummy PROPERTY LOCATION: 1125
 System Installer: O. Starkland SUBDIVISION Wool Shine LOT # 180

Basement with plumbing: Garage Number of Bedrooms 3 Registration # _____
 Type of Water Supply: Community Public Well Distance from well 100 feet
 System Type: E-2 FLOW III g 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.

SCANNED
 9.10.09
 DATE

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.



PERMIT CONDITIONS:
 I. Performance: System shall perform in accordance with Rule .1961. Kimbrugh Dr.
 II. Monitoring: As required by Rule .1961.
 III. Maintenance: As required by Rule .1961. Other: _____
 Subsurface system operator required? Yes No
 If yes, see attached sheet for additional operation conditions, maintenance and reporting.
 IV. Operation: _____
 V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.
 Type of system: Conventional Other E-2 FLOW Septic Tank: 1200 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 230 feet ditches 3 feet ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent J. LAM Date 09-08-09