HTE# 09-5-22992

Harnett County Department of Public Health

21115

PERMIT # 25597 **Operation Permit** New Installation 🗵 Septic Tank 🗆 Repair 🗵 Nitrification Line 🗀 Expansion PROPERTY LOCATION: MARKS RD Name: (owner) KENNETH CUMMINGS SUBDIVISION ASHFORD LOT # <u>70</u> System Installer: OTIS STRICKLAND _____ Registration # Basement with plumbing: Garage 🔀 Number of Bedrooms _ Type of Water Supply:
Community Public Well Distance from well 100 feet System Type: _____ TII o __ 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. 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. REPUCTION H 0 185 LOCKHAVEN PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes I No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional DO Other EZ FLOW Septic Tank: 1000 gallons Pump Tank: gallons Subsurface exact length width of depth of Drainage Field of each ditch 180 ditches ditches _ 18 inches French Drain Required: Linear feet Authorized State Agent REHS (OLIVER TOLKSDORD)

Date