| HTE#_ | ١ | 1 | -5 ₂ | <u> 92</u> | <u>5</u> 5 |
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Harnett County Department of Public Health

| PERMIT # <u>26459</u> | | Operation Per | <u>rmit</u> | | 21993 | | | | | |
|--|--|----------------------------------|------------------------------|--|--------------------|--|--|--|--|--|
| | > | 🛚 New Installation 🖹 | Septic Tank 🔀 Niti | rification Line 🗆 | Repair Expansion | | | | | |
| | 15 | PROPERTY LOCATION: | Micro TOWE | er Or | - | | | | | |
| Name: (owner) Cumber | | | INGEN PLAC | <u>-E</u> | LOT # <u>\\</u> _ | | | | | |
| • | BROHN | Registration # | | | | | | | | |
| Basement with plumbing: Gail Gail Type of Water Supply: Community | rage Number of Bedrooms _ ity \ Public \ Well | Distance from well 100 | feet | | | | | | | |
| System Type: | | Types V an | nd VI Systems expire in 5 ye | | | | | | | |
| (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. | | | | | | | | | | |
| | | | | | | | | | | |
| | | 105' | | | | | | | | |
| | | REPAIR | - 7, / | | | | | | | |
| | 1 | ~ - Arts | \bowtie // | | | | | | | |
| | | | <i>i 1</i> | | | | | | | |
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| | | | \ / | | | | | | | |
| | | 50 × 60 | 155 | | | | | | | |
| | | PERMITTED | | | | | | | | |
| | | AREA | / | | | | | | | |
| | 1 | 0 | / | | | | | | | |
| | | R | | | | | | | | |
| | 1 | E | / | | | | | | | |
| | | MER DONE | — r | | | | | | | |
| | 10 | HALL POINT | | | | | | | | |
| PERMIT CONDITIONS: | | | | the special section of the section o | | | | | | |
| | perform in accordance with Rule .1 | 961. | | | | | | | | |
| II. Monitoring: As required by III. Maintenance: As required by | y Rule .1961. y Rule .1961. Other: | | | | | | | | | |
| Subsurface syst | tem operator required? Yes 🗆 No | | | | - | | | | | |
| If yes, see atta IV. Operation: | ached sheet for additional operation | on conditions, maintenance and r | eporting. | | | | | | | |
| iv. Operation. | | | | *************************************** | | | | | | |
| V. Other: | | | | | | | | | | |
| □ D-Box □ |] Pump [| □ Alarm | | H20Line 🗆 | PWR Line | | | | | |
| Following are the specifications for the | | | _ | | _ | | | | | |
| Type of system: Conventional Subsurface No. of | • | | Septic Tank: 1000 | | gallons | | | | | |
| Subsurface No. of No. o | exact length | h <u>150</u> feet | width of ditches 3 | depth of | L4-78 inches | | | | | |
| French Drain Required: | Linear Year | | | ununu | inches | | | | | |
| | Wilai 1 | | | 1 1 | | | | | | |
| Authorized State Agent | 11/ 11/1 | REHS | Date - | 1/2/21 | | | | | | |