HTE# 11-5-26	<u>0</u> 53
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Harnett County Department of Public Health

PERMIT # 26467	Operation Permit	21954
	New Installation Septic Tank Nitrification Line	Repair Expansion
_	PROPERTY LOCATION: MARKS RO	•
Name: (owner) Cumberland Homes	SUBDIVISION ASMETORD	LOT # <u>30</u> _
System Installer: TEO BROWN	Registration #	
Basement with plumbing: Garage Number of Bedrooms	<u>+</u>	
Type of Water Supply: Community Public Well System Type:	Distance from well 100 feet 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 States	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Cons	truction Authorization.
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	LOCKWOOD DR	
PERMIT CONDITIONS:		hala harana and an and an
I. Performance: System shall perform in accordance with Rule .	.1961.	
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes \(\sigma\)	10 ⁻ A	
If yes, see attached sheet for additional operat	ion conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	□ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal system on the		- Trix allio
	Septic Tank: 100 g gallons Pump Tank	:: gallons
Subsurface No. of exact lengt	h of width of depth of	24
Drainage Field ditches of each dit French Drain Required: higher feet	ch 150 feet ditches 3 feet ditches _	24 inches
The second secon		
Authorized State Agent	Pers Date 5/10/11	