HTE# <u>11-5-26367</u> Harnett County Department of Public Health	
PERMIT # 26556 Operation Permit 22101	
🗙 New Installation 🔀 Septic Tank 🗶 Nitrification Line 🗔 Repair 🗔 Expa	Insion
PROPERTY LOCATION: MARKS BD	
Name: (owner) <u>CUMBERLAND HOMESINC</u> SUBDIVISION <u>ASHEFORD</u> LOT # 35	
System Installer: TEO BROWN Basement with plumbing: Garage X Number of Bedrooms	
Type of Water Supply: 🗆 Community 🛛 🔀 Public 🗆 Well Distance from well <u>100</u> feet	
System Type: 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.	
213'	
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 🗆 Ng 🔀	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other:	
	R Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: ロ Conventional X Other <u>CMAMBER (Qユキ)</u> Septic Tank: <u>1000</u> gallons Pump Tank: gal	llons
Subsurface No. of exact length width of depth of	
Drainage Field ditches of each ditch <u>180</u> feet ditches <u>3</u> feet ditches <u>2430</u> inches French Drain Required: Freet	
All III	
Authorized State Agent Date Date Date Date	