	ounty Department of Public Health
PERMIT # <u>26567</u>	Operation Permit 22215
	New Installation Septic Tank Nitrification Line Repair Expansion
	PROPERTY LOCATION: MARKS RO
Name: (owner) Cumberland Homes	
System Installer: TEO BROWN Basement with plumbing: Garage X Number of Bedroom	Registration #
Type of Water Supply: Community Public Well	
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 S	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	87,
	/ REPAIR
	// DEA)
) 213'
	4
	55´×43′
	2 40
	le W
₽ ₆	HEFORD WAY
PERMIT CONDITIONS:	
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:	No.X
If yes, see attached sheet for additional oper	ation 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 Chamber (Out) gallons Pump Tank: Septic Tank: 1000 _ gallons exact length depth of ditches 24-30 Subsurface No. of width of ditches Drainage Field of each ditch \\80 feet ditches _ feet inches French Drain Required: Authorized State Agent Date

Alarm 🗆 _____

H20Line □

PWR Line

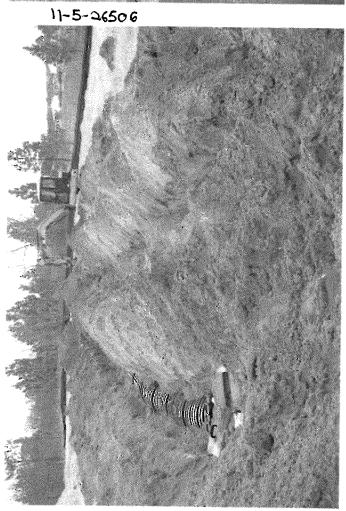
_____Pump 🗆 _____

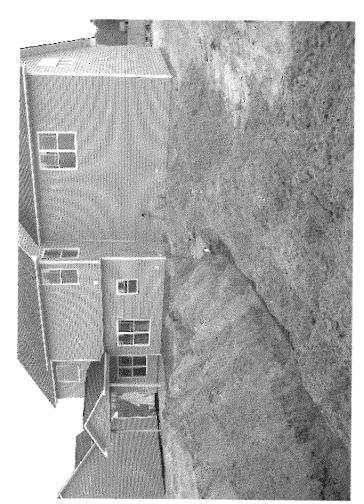
D-Box











17-5-26506

