HTE# 11-5-2-613 Harnett County Department of Public Health	
PERMIT # <u>26763</u> <u>Operation Permit</u> 22217	
🛛 New Installation 🖂 Septic Tank 🔀 Nitrification Line 🗆 Repair 🗆 Exp	ansion
Name: (owner) CUMBERLAND HOMES INC SUBDIVISION THE SUMMER OR	0
System Installer: TEO Brown Registration #	<u> </u>
Basement with plumbing: 🗆 Garage 🔀 Number of Bedrooms	
Type of Water Supply: Community Public Well Distance from well <u>100</u> feet System Type:	
(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.	
30	
HOUSE	
215	
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:	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	
V. Other:	
	WR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: ロ Conventional 文 Other <u>Cいかったのこ (Qユネ)</u> Septic Tank: <u>1000</u> gallons Pump Tank: <u>1060</u>	gallons
Subsurface No. of exact length width of depth of	•
Drainage Field ditches	162
Authorized State Agent 1 MMM REMS Date 2/02/12	_