Harnett County Department of Public Health HTE# 13-5-31057 22981 **Operation Permit** PERMIT # <u>27374</u> New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: SN1437 BALLAND RIS Name: (owner) Cumberfrond Homes Isc SUBDIVISION Bolland Woods LOT # 105 ____ Registration # ____ System Installer: TED Brown Garage Mumber of Bedrooms ___ Basement with plumbing: Type of Water Supply:
Community Public
Well Distance from well feet System Type: Pump to 250 Passet System Type: B 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. FOR FINAL. Zil 21 PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Performance: 1. Monitoring: As required by Rule .1961. II. As required by Rule .1961. Other: ___ III. Maintenance: Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: H20Line \square □ _____ Pump □ ____ Alarm □ D-Box Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:

Conventional

Other 25% (Reduction) System Sep gallons Pump Tank: 1000 Septic Tank: _

Authorized State Agent Date 10-15-13

width of

ditches

depth of

ditches /8 inches

exact length

Linear feet

of each ditch ZED feet

No. of

ditches

Subsurface

Drainage Field

French Drain Required: