HTE# 13-5-31407

Harnett County Department of Public Health

| HIL# 15-57-10 / Harriell | bunty Department of Fublic Health | i i |
|--|--|---|
| PERMIT # 27472 | Operation Permit | 22876 |
| | New Installation Septic Tank Nitrifica | ation Line 🔲 Repair 🖂 Expansion |
| | PROPERTY LOCATION: 27 WEST | |
| Name: (owner) KENNETH CUMMINGS | SUBDIVISION TINCEN POINTE | LOT # 127 |
| System Installer: OTIS STORCKLAND | Registration # | |
| Basement with plumbing: Garage Number of Bedrooi | | |
| Type of Water Supply: Community Public We 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 expi | |
| This system has been installed in compliance with applicable North Carolina General | Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improve | ment Permit and Construction Authorization |
| This special has been instance in companies. This appreciate notific entiting denoting | 10°C | ment Fermit and Construction Audiorization. |
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| PERMIT CONDITIONS: | | |
| I. Performance: System shall perform in accordance with Ru | e .1961. | |
| II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes | | |
| If yes, see attached sheet for additional ope | ration conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ D-Box □ Pump | □ Alarm □ H2 | 20Line 🗆 PWR Lin |
| Following are the specifications for the sewage disposal system on t | | |
| Type of system: ☐ Conventional ☐ Other ☐ EZFLOY Subsurface No. of exact le | | gallons Pump Tank: gallons depth of |
| | ditch 50 feet ditches 3 fee | 3 3 4 |
| French Drain Required: Linear feet | | |
| | 1 | |
| Authorized State Agent | REHS Date 7/3 | 0 13 |