HTE# 14-5-32924 Harnett County Department of Public Health 23305	
PERMIT # 2790) Operation Permit	
New Installation 泣 Septic Tank ズ Nitrification Line ロ Repair ロ Exp PROPERTY LOCATION: <u>PonのEszosa</u> Ro	ansion
Name: (owner) CUMBERLEND HOMES INC SUBDIVISION CAROLINA SERSONS LOT # 10	↓
System Installer: TEO BROWN Registration # Basement with plumbing: Garage X Number of Bedrooms 3	
Type of Water Supply: 🗌 Community 📉 Public 🔲 Well Distance from well 🔔 O 🖉 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.	
100	
REPARADOR I	
HOUSE	
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:	
	VR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system:  Conventional Other Chamber Other Septic Tank: 1000 gallons Pump Tank: g	allons
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>18-2-3</u> inche French Drain Required:	2
Authorized State Agent Date 61714	