Harnett County Department of Public Health

PERMIT # 500 20	206-0003	Operation Per	rmit	41446	
				cation Line Repair	
			•	. (THES MORES	
Name: (owner)	BROD CUMMINGS				
	FLUIS FAIRCLOTH				
Basement with plumbin		4			
		Distance from well			
System Type: 25% NESSCHOOL 575. The 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.					
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		A1012	y c No	WITTO D-BOX	
	1 120	ar	2 - [WIT TO D-BOX	
	35% 200			POSIZO PEOL PERENTO	
	~	y Flesh	* Pro	MANKED ONS IT	2
	1/4	13)	* 6-6	OX 46FT FROM BAC	
		115(3)		EFT CONVER SED	
		117 46	* Lin	E I	
	124	POOL	7	45FT FROM BACK	
	1 201 0			LEFT LONGE	
LOGSET FROM BACK					
	15/14	, —			
in the		3.FD		NEAR PGALLY	
	~50'	1_	D		
		260	1/2/		
	\		[-]-[
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	1	1	[]		
		14501	٤		
PERMIT CONDITIONS:		10/1	/ /		
I. Performance: II. Monitoring:	System shall perform in accordance with Rul As required by Rule .1961.	. 1961	1		
III. Maintenance:	As required by Rule .1961. Other:				
	Subsurface system operator required? Yes	No 🔯	1		
	If yes, see attached sheet for additional ope	ration conditions, maintenance and	eporting.		
IV. Operation:	1431	115	—		
V. Other:		HIT COUNT			
	D-Box	np 🗆 Alarr	m 🗆	H20Line \Box	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.					
Type of system:	Conventional St Other 52 G	LOW ITTE		gallons Pump Tank:	gallons
Subsurface	No. of ditches 3 exact lead of each		width of	depth of	
Drainage Field French Drain Required:		ditch 115 feet	ditches3	feet ditches 46-18	_ inches
French Drain Required: Linear feet					
Authorized State Agent Date 05/05/2021					
Authorized State Ag	em / / / /		vate		