

Harnett County Department of Public Health

PERMIT # SFD2011-0005

Operation Permit

SL1513

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 35 FISHER DR. (NEILLS CREEK RD)

Name: (owner) CUMBERLAND HOMES INC SUBDIVISION SOUTH CREEK LOT # 36

System Installer: CHARLES BARBOUR

Basement with plumbing: Garage Number of Bedrooms 3

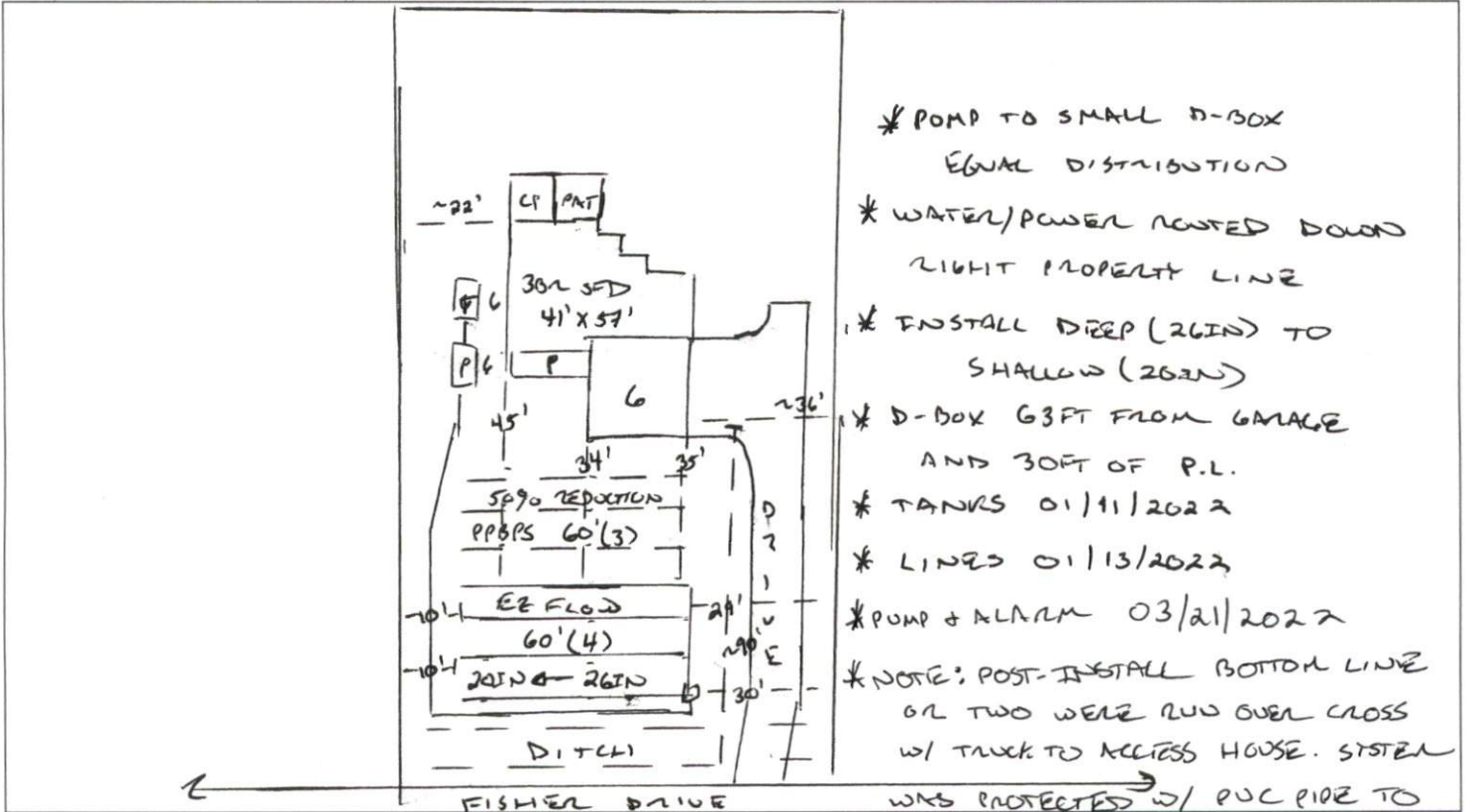
Type of Water Supply: Community Public Well Distance from well NA feet

System Type: 25% REDUCTION SIS. III 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.



- * PUMP TO SMALL D-BOX EQUAL DISTRIBUTION
- * WATER/POWER Routed DOWN RIGHT PROPERTY LINE
- * INSTALL DREEP (26IN) TO SHALLOW (20IN)
- * D-BOX 63FT FROM GARAGE AND 30FT OF P.L.
- * TANKS 01/11/2022
- * LINES 01/13/2022
- * PUMP & ALARM 03/21/2022
- * NOTE: POST-INSTALL BOTTOM LINE OR TWO WERE RUN OVER CROSS W/ TRUCK TO ACCESS HOUSE. SYSTEM WAS PROTECTED W/ PVC PIPE TO

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: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

AVOID TRAFFIC. DREEP TRACKS VISIBLE BUT LANDSCAPED/SODDED OVER

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other EE FLOW III B Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 26 → 20 inches
French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 03/21/2022