

# Harnett County Department of Public Health

## Operation Permit

PERMIT # SPD2107-0043

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 388 JOSEPH ALEXANDER DR (BALMORAL)

Name: (owner) CUMBERLAND HOMES INC. SUBDIVISION BALMORAL WOODS LOT # 115

System Installer: TONY NOLA

Basement with plumbing:  Garage  Number of Bedrooms 3

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

System Type: 25% REDUCTION SYSTEM IIIg 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.



\* INSTALLED PER PROPOSAL  
BY SOUTHEASTERN SOIL  
+ ENV. ASSOC.

\* GRAVITY TO 120FT SEWAL  
EE FLOW

\* INSTALL DEEP (24IN)  
TO SHALLOW (18IN)

\* 4FT DEEP CURTAIN DRAIN w/  
SOCK PIPE ON BOTTOM +  
EE FLOW STACKED w/  
PLASTIC LINED DOWNHILL

↳ ALL GUTTERS (3) PIPED TO  
BACK LEFT CORNER AND Routed  
IN BOTTOM OF CURTAIN DRAIN

↳ FOUR (4) PIPES DAYLIGHT @  
EXT WOODLINE

### 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: \_\_\_\_\_

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 IIIg Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 120 feet ditches 3 feet ditches 27-18 inches  
French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 05/12/2022