Harnett County Department of Public Health

| PERMIT # SFD 2111-00 63 | Operation Permit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| X | New Installation VI Septic Tank VI Nitrification Line I Repair I Expansion PROPERTY LOCATION: 133 Buch have Dr (NC42) |
| | PROPERTY LOCATION: 133 Buch have Dr (NC42) |
| Name: (owner) Cumberland Homes System Installer: Charles Barber | _ SUBDIVISION _ Cak havenLOT # _ Z9 |
| System Installer: Charles Barber | |
| Basement with plumbing: ☐ Garage ☑ Number of Bedrooms | |
| Type of Water Supply: □ Community ☑ Public □ Well Distar System Type: □ Type TIF B | nce from well feet Types V and VI Systems, expire in 5 years. |
| (In accordance with Table Y a) Owne | r must contact Health Department 6 months prior to expiration for permit renewal. |
| 1 | |
| 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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| 50' ×55' 3Br 7. | Trees will werd to be removed The FUTURE FOR PROVIDE Area |
| 50' x 55' In the FUTU' 38- 7. L. Arla | |
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| DEPMIT CONDITIONS. Byck haven | |
| PERMIT CONDITIONS: P | |
| Performance: System shall perform in accordance with Rule .1961. 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 co | nditions, maintenance and reporting. |
| IV. Operation: | |
| V. Other: | |
| D-Box 🗵 Pump 🔀 | Alarm 🗆 H20Line 🗆 PWR Line |
| Following are the specifications for the sewage disposal system on the above | continued property |
| Type of system: Conventional Other 25% (2) | |
| Subsurface No. of exact length | width of depth of |
| Drainage Field ditches of each ditch | feet ditches feet ditches inches |
| French Drain Required: Linear feet | |
| MIN A | Date 1-27-27 |
| Authorized State Agent Mah W REH | Date/-27-23 |