HTE# 5502007-0042

Harnett County Department of Public Health

No. 26691

| PERMIT # ~> > | Operation Permit | 1440 |
|---|--|----------|
| | New Installation 🖂 Septic Tank 📐 Nitrification Line 🗆 Repair 🗆 | |
| | PROPERTY LOCATION: 219 NORMS FARM ON COAMES | |
| Name: (owner) _ True Hopes | | 12 |
| | Registration # | |
| Basement with plumbing: Garage Mu | umber of Bedrooms | |
| Type of Water Supply: Community Pu | | |
| (In accordance with Table V a) | 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 repewal. | | |
| 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 Permyt and Construction Authorization. | | |
| PERMIT CONDITIONS: | REPAIR AREA WERE RECORD WITH A THAN PERMIT OID STO OID SU THAN PERMIT OID SU THE PROPERTY TO THAN PERMIT OID SU THE PROPERTY TO THE | |
| I. Performance: System shall perform in acco | | |
| II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. | | |
| Subsurface system operation | required? Yes \(\sum \text{No.} \(\sum \text{No.} \) | |
| If yes, see attached sheet fo | r additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| □ D-Box □ | Pump | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | | |
| | Septic Tank: 1006 gallons Pump Tank: | gallons |
| Subsurface No. of Drainage Field ditches 3 | exact length width of depth of of each ditch feet ditches 3 feet ditches 26 | inches |
| bramage ricid ditenes | of each ditch feet ditches feet ditches | _ inches |
| | | |
| Authorized State Agent Date 10/01/2020 | | |