## Harnett County Department of Public Health

PERMIT # _ ST-D2203-6084	Operation Permit
Į.	➢ New Installation  ➢ Septic Tank  ➢ Nitrification Line  ☐ Repair  ☐ Expansion
	PROPERTY LOCATION: 196 withour Grove LD- CHATTHEWS TO
Name: (owner) _ True Homes LLC	SUBDIVISION WALLCEL CROSSLOT # 16
System Installer: DAWD BRANTER 4 SONS	
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms _ Type of Water Supply: ☐ Community ☐ Public ☐ Well	
Type of Water Supply:  Community Public Well System Type: 2525 NZOSCTON STERM	Distance from well feet feet Types V and VI Systems expire in 5 years.
	Owner must contact Health Department 6 months prior to expiration for permit renewal.
The state of the s	Duly for Survey Tourney and Discoul and Albertalians of the Improvement Provident and Construction Authorization
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.	
	2570 REDSETION
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	*61AUITY TO D-BUX ELWAL DISTRIBUTION
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33'	<b>5</b> 59
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	33'
No.	
	36'
£ 1.1011/-	3
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:	No.
Subsurface system operator required? Yes $\square$ No If yes, see attached sheet for additional operation	
IV. Operation:	on conditions, manifemance and reporting.
V. Other:	
□ D-Box □ Pump	□Alarm □H20Line □PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.  Type of system:   Conventional   Other   For Forest Septic Tank:   Septic	
Subsurface No of exact length	width of depth of
Drainage Field ditches of each ditch	ch 85 feet ditches 3 feet ditches 18 inches
French Drain Required: Linear feet	
Authorized State Agent O7/19/2022	