Harnett County Department of Public Health

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PERMIT # 590 2307- 0028	Operation Permit	
	New Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 E	xpansion
S	PROPERTY LOCATION 501440 James Nous RD SUBDIVISION Honey Coft Hills LOT # 4	
Name: (owner)	SUBDIVISION Honey Cott Holls LOT # 4	7
System Installer: Ct m Plumpage		
Basement with plumbing: Garage Mumber of Bedroom: Type of Water Supply: Community Public Well		
	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 S	itatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	
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PERMIT CONDITIONS:		
 I. Performance: System shall perform in accordance with Rule II. Monitoring: As required by Rule .1961. 	2 .1961.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes		
If yes, see attached sheet for additional oper IV. Operation:	ation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ Pum	p 🗆 Alarm 🗆 H20Line 🗆	_ PWR Line
Following are the specifications for the sewage disposal system on the	A CONTRACTOR OF THE CONTRACTOR	
Type of system: Conventional Other 25% 12. Subsurface No. of exact len	AND INCOME TO SERVICE	_ gallons
Drainage Field ditches of each of	3	inches
French Drain Required: Linear feet		
Authorized State Agent ames & Manh	IN REAS	
Authorized State Agent and Manh	Date 10-11-23	