HTE# SFD2005-0013

Harnett County Department of Public Health Operation Permit

No. 26349

PERMIT #		<u>operation re</u>	ermit		
		New Installation ✓	Septic Tank 🗷 Nitr	ification Line Repa	ir Expansion
			N: 465 CEDAR		
Name: (owner)	THADDEUS MULLAN		CEDAN nou		
, ,					π _6
,	CON GILDERT		#		
	g: Garage Number of Bedroom		,		
	☐ Community → Public ☐ Well	0.53331	feet		
	25% MEDICION STS. =		and VI Systems expire in 5 ye		
(In accordance with Ta	ble V a)	Owner must contact Health D	epartment 6 months prior to	expiration for permit renewa	l.
This seaton has been installed	d in compliance with applicable North Carolina General	Sections Bules for Section Treatment and	Discoul and all conditions of the low	argument Permit and Construction	Authorization
This system has been histalie	o iii compilance with applicable north caronna General	statutes, hules for sewage freatment and			
			/ *	CUMPLE LO D	-800
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PERMIT CONDITIONS:					
I. Performance:	System shall perform in accordance with Ru	e .1961.	d reporting	~ 4	
II. Monitoring:	As required by Rule .1961.		,	TE WE	
III. Maintenance:	As required by Rule .1961. Other:		57413		
	Subsurface system operator required? Yes	No ⊠	EX		
	If yes, see attached sheet for additional ope	ration conditions, maintenance an	d reporting.		
IV. Operation:	.,,,,				
	4				
V. Other:					
	D-Box DPur	on □ Al	arm 🗆	H20Line □	PWR Line
			uiii		I WK LINE
	ifications for the sewage disposal system on t		Contin Tombia 1 Ab ex-	college Down Tools	الم
,,		ELOW IIIg	_ Septic Tank: <u>1000</u>	1	gallons
Subsurface	No. of exact le	ngth GA	width of	depth of	
Drainage Field		ditch 90 feet	ditches3	_ feet ditches _20	inches
French Drain Required:	Linear feet				
				1001	
Authorized State Ag	gent 4000	Lum 1.	Date	03/26/2021	