## Harnett County Department of Public Health Operation Permit

PERMIT # JFD 2416-0009	Operation Permit	
	New Installation 🖾 Septic Tank 🔀 Nitrification Line [	☐ Repair ☐ Expansion
	PROPERTY LOCATION: 180 Deodo a (a	
Name: (owner) SDH Raleigh	SUBDIVISION Cedar PoinTe	LOT # 8
System Installer: A+R		
Basement with plumbing: ☐ Garage ☑ Number of Bed	rooms 3 (60em)(e)	
Type of Water Supply:   Community Public   Public	Well Distance from well feet	
System Type: Type III B		
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for peri	mit renewal.
This system has been installed in compliance with applicable North Carolina Ge	neral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and	Construction Authorization.
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DEDMIT CONDITIONS.	Design	
PERMIT CONDITIONS:  I. Performance: System shall perform in accordance with	Deodora (n	
<ol> <li>Performance: System shall perform in accordance with</li> <li>Monitoring: As required by Rule .1961.</li> </ol>	1 Nuie .1701.	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Ye	s □ No 🗷	
	operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
X MAN, Fold DEROX XX	Pump	PWR Line
Following are the specifications for the sewage disposal system		- I'M LING
Type of system:  Conventional  Other 25 %		Tank: 1000 gallons
Subsurface No. of exa	ct length width of denth	
Drainage Field ditches of	each ditch 60 feet ditches 3 feet ditches	11
French Drain Required: Linear feet		
14/ /	Λ	_
Authorized State Agent	Date 3-11-25	5
	Date Off	