Harnett County Department of Public Health

PERMIT # 5 FD 2501-0029

Operation Permit

rennii # 27 > -	, , ,			ion remit		
			Mew Installat	ion 🗷 Septic Tank 🛚	Nitrification Line	Repair Expansion
	11 0	1.1	PROPERTY	LOCATION: 195 Dec 10N Cedar Poin	odora (n	
Name: (owner)	SDH Ka	10194	SUBDIVIS	10N Cedar Poin	Te	_LOT # _ <i>33</i> _
System Installer:	AtR					
Basement with plumbin	ng: 🗆 Garage	Number of Bedrooms Public Well	4 (Speople))		
Type of Water Supply:	☐ Community	➤ Public □ Well	Distance from well			
System Type:	7	peter 9		Types V and VI Systems expire		
(In accordance with Ta	ble V a)	,	Owner must contact	Health Department 6 months p	rior to expiration for permit re	enewal.
This system has been installed	ed in compliance with app	licable North Carolina General S	tatutes. Rules for Sewage Trea	tment and Disposal, and all conditions	of the Improvement Permit and Constr	ruction Authorization
PERMIT CONDITIONS: I. Performance:		60' - 60' - 60' - 7	1 137 29 29 1 137	2		
II. Monitoring:	As required by Rule					
III. Maintenance:	As required by Rule		u.10x			
		perator required? Yes 🗆 sheet for additional oper		nance and reporting		
IV. Operation:	jes, see attached	silect for additional oper	acion conditions, mainte	mance and reporting.		
V. Other:						
k	D-Box	Pum	p 🗆	Alarm 🗆	ШОО1: □	DWD 1:
					H20Line 🗆	PWR Line
	Conventional	nge disposal system on the	luction EZ		gallons Pump Tank:	gallons
Subsurface	No. of	exact len		width of	depth of	gallolis
Drainage Field	ditches	of each	· / /\	feet ditches 34	feet ditches	
French Drain Required:		Linear feet				
Authorized State Ag	ent		Mal a	- DEH Dai	e 3-19-25	