Harnett County Department of Public Health

PERMIT # SFD 2505-0039

Operation Permit

	New Installation Septic Tank Nitrification Line	Repair Expansion
1. 1.0 4.01	PROPERTY LOCATION: 305 Deodora (n	
Name: (owner) SDH Raleigh	SUBDIVISION (edar pointe	_LOT # _ 27
System Installer: ATR	· ·	
Basement with plumbing: Garage Mumber of Bedrooms	4(8people)	
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: Type TIE 9	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 r	enewal.
This system has been installed in compliance with applicable North Carolina General St	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Consti	ruction Authorization.
PERMIT CONDITIONS:	Deedore 19'	
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:		
Subsurface system operator required? Yes	No 🔀	
If yes, see attached sheet for additional oper-		
IV. Operation:		
V. Other:		
₩ D-Box □ Pum	p 🗆Alarm 🗆 H20Line 🗆 _	PWR Line
Following are the specifications for the sewage disposal system on the		- THE LINE
Type of system: Conventional Other 25 6 red	Septic Tank: 1000 gallons Pump Tank	: gallons
Subsurface No. of exact len		
	fitch feet ditches feet ditches	4 -
French Drain Required: Linear feet	The state of the s	inches
Authorized State Agent Mol a	_REHT Date 7-3-25	