Harnett County Department of Public Health

PERMIT # SFD2505-0121

Operation Permit

New Installation Septic Tank Mitrification Line	Repair 🗆 Expansion
Name: (owner) <u>ID H Rolaigh</u> PROPERTY LOCATION: 321 <u>Deodora la</u> SUBDIVISION <u>Cador pointe</u>	
Name: (owner) IDH Rolaigh SUBDIVISION Cador pointe	LOT # 26
System Installer: A+R'	
Basement with plumbing: Garage Mumber of Bedrooms 4(8 people)	
Type of Water Supply: Community Public Well Distance from well feet	
System Type: 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 perm	
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for perm	it renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Co	onstruction Authorization.
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PERMIT CONDITIONS:	
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 No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Operation:	
V. Other:	
D-Box	PWR Line
Following are the specifications for the sewage disposal system on the above captioned property.	
Type of system: Conventional Other 25 Bridge Close E2 Flow Septic Tank: 1000 gallons Pump Ta	nk: gallons
Subsurface No of exact length width of death of	ıf
Drainage Field ditches	34 inches
French Drain Required: Linear feet	
Authorized State Agent Nah NEHS Date 7-3-25	