HTE# 12-53031CR

Harnett County Department of Public Health

PERMIT # <u>25</u>	<u>546</u>	Operati	<u>on Permit</u>		22807
			ion 🛛 Septic Tank 🗵	Nitrification Line	
		PROPERTY L	OCATION: Wree R)	The Language of the Language o
Name: (owner)	SAVY Homes			FRMS	LOT # 53
System Installer:		Registi	ration #		
Basement with plumb	bing: 🗆 Garage 🔼 Number			•	
Type of Water Supply		☐ Well Distance from well _			
System Type:(In accordance with 1			Types V and VI Systems expire		ı
(iii accordance with	Table 4 a)	Owner must contact	Health Department 6 months p	rior to expiration for permit	renewal.
This system has been insta	alled in compliance with applicable North Carc	lina General Statutes, Rules for Sewage Treat	ment and Disposal, and all conditions	of the Improvement Permit and Con	struction Authorization.
		REPAIR REPAIR WER	1 1		
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation:	System shall perform in accordanc As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator require If yes, see attached sheet for addi		ance and reporting.		
V. Other:	WATER LINE SU	ECVED			
O	D-Box		Alarm □		PWR Line
	cifications for the sewage disposal sy. Conventional Other E No. of ditches	tem on the above captioned proper Exact length of each ditch	ty. Septic Tank: 1000 width of	gallons Pump Tank	
Authorized State A	gent ()	SENS	Date	5/3/13	
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