## HARNI COUNTY HEALTH DEPARTME

20777

HTE 04-5-8940

**IMPROVEMENT PERMIT** 

from the Harnett County Health Department."	-/
Name: (owner) Confort Homes INC Property Location: SR# 1412 Christian Light	New Installation Septic Tank
Property Location: SR# 1912 Christian Light	
Subdivision Forest Trans	Lot # _ <b>78</b>
Tax ID #	Quadrant #
Tax ID #	Lot 8ize: 548
Basement with Plumbing: Garage:	
Water Supply: ☐ Well ☐ Public ☐ Community	y
Distance From Well:ft.	
Following is the minimum specifications for sewage disp to final approval.	osal system on above captioned property. Subject
Type of system:	p to Coventional (Moneter)
Size of tank: Septic Tank: 1000 gallons	
Subsurface No. of exact length of each ditch of each ditch 100	width of depth of ditches 3 ft. depth of ditches in.
French Drain Required:Linear feet	3-5- 5-4
	Date: 3-30-04
This permit is subject to revocation if site	Signed Signed Emphantage Environmental Health Specialist
plans or intended use change.	Environmental Health Specialist
PART COM Repart  6 HOME 41	Pump Specs 40 GPM Q 14.5"  MANETER USES 3 +3/4 SCH40 VALUES 2' Pressone Head.
WOODHART	
Mooning	170

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04-5-8940

## HARNETT CC | ITY DEPARTMENT OF PUBL | HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to con Harnett County Department of Publi authorization shall be valid for a peri This authorization will be invalid if	c Health, Improvement Perm od not to exceed five (5) yea	ait # <b></b> . This ars from the date of issuance.
Name  P.O. Box 364 C/M  Address		
		>
Property Location SR#		Christin Light Road Name
Subdivision Lot #	# Bedrooms Proposed	,5748
Forestrials 78 3 15-48 Subdivision Lot # Bedrooms Proposed Lot Size  TYPE OF SYSTEM		
[ New Installation [ ] Repair	[   Septic Tank	itrification Lines
[ Conventional [ Tother Pap to cover Montes		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback:Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields# of lin	nes per field 3 Leng	gth of lines / DD Ft.
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covere	ed or placed into use by any a	person until an inspection by the
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
Dames & Much	fen	3-70-04 Date
Signature of Authorized Agent for Harnett Co	ounty	Date