21000

HTE 04-5-10104 R

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) Comfort Homes INC

Property Location: SR# 1417 Christian Light

Repairs

New Installation

Repairs

Nitrification Line Subdivision Forest Trails Lot # _8/ Quadrant # Tax ID # Lot Size: .46 8 sec Number of Bedrooms Proposed: 3 Basement with Plumbing: Garage: Public ☐ Community ☐ Well Water Supply: 50' ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% Reduction System Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: _____gallons Subsurface No. of exact length width of ditches_18 ditches 4 of each ditch 80 ft. ditches 3 ft. Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. Ferwany Circle KINGS BROOK CILLER Pequind

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT ORIZATION TO CONSTR T

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.
P.O. Box 369 Clayton N.C. 27520 Address PS-553-3242 Telephone #
P.O. BOX 369 Clayton N.C. 27520
Property Location SR# Christian Light Road Name
Forest Thails 81 3 . 465 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [] Other 25 % Reductive system
[] 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 lines per field 4 Length of lines 80 Ft.
Width of ditches ft. Depth of ditches free factors.
French Drain: Linear feet required Depth of gravel
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.
Signature of Authorized Agent for Harnett County Date