## HARN COUNTY HEALTH DEPARTME

HTE04-5-10/23

## IMPROVEMENT PERMIT

21256

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." New Installation Septic Tank Name: (owner) Comfort Homes Inc Property Location: SR# 14/2 Chr. stan Light Ld Repairs Nitrification Line \_ Lot # \_ **8**2 Subdivision Quadrant # Tax ID# Lot Size: , 462 Ac Number of Bedrooms Proposed: Garage: Basement with Plumbing: Public ☐ Well Water Supply: Community Distance From Well: 50 mm ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Septic Tank: /000 gallons Pump Tank:\_\_\_\_ Size of tank: Subsurface exact length No. of width of depth of of each ditch &O ditches 18-24 in. Drainage Field ditches ditches J French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* Mantan all ret backs 108 Lil 185 195 Hosic Dacht 22 Fernway Circle

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

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.
Name Port Homes Inc. 919.553-3242 Telephone #
P.O. Box 369 Clayton NC 27520 Address
Property Location SR#  Christian Light  Road Name
ForestTvo.V & 3 .4624c Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines
[] Conventional [] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field Length of lines &O Ft.
Width of ditches ft. Depth of ditches inches
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