## HTE 05-5-11996

## **IMPROVEMENT PERMIT**

22036

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 Nitrification Line Subdivision Forest TRAIS \_\_\_ Lot # \_ **68** Quadrant # \_\_\_\_ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: , 520 Acre Basement with Plumbing: Garage: Public ☐ Community Water Supply: ☐ Well Distance From Well:\_\_ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Nother 25% Reductionsystem Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_gallons Subsurface exact length width of No. of depth of w n ditches24->18 in. ditches 1 of each ditch 230 ft. ditches 5 ft. Drainage Field French Drain Required: \_\_\_\_\_ Linear feet 6-17-05 Date: This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist \* FASEMENT Markens to BE Found. 40' HOME KINGS Brook Circle

## 05-5-11996

## HARNETT COUNTY DEPARTMENT OF PUTLIC HEALTH AU\_IORIZATION TO CONST...JCT

Authorization is hereby given to construct a wastewater system to the specifications described by	
Harnett County Department of Public Health, Improvement Permit # 220 \$1	
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.	
	1 to 100 to 1 to 2 to 1 to 2 to 1 to 2 to 1 to 1
Comfort Homes INC	919-553-3247
Name	Telephone #
P.O. BOX 369 Clay tow U.C.	77.C7 Q
Name  P.O. Box 369 Clayton p.C.  Address	213 08
Property Location SR#	
Property Location SR# 0	Road Name
ForestTrails 68 3	£7.0
Forest Trails 68 3 Subdivision Lot # # Bedrooms Propo	osed Lot Size
TYPE OF SYSTEM	
[ ] New Installation [ ] Repair [ ] Septic Tank	[ ] Nitrification Lines
[ ] Conventional [ Other <u>75% Reduction</u> Syste	
[ ] 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 / Length of lines 230 Ft.	
Width of ditchesft. Depth of ditchesft 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.	
rand a valid operations i crimit has been issued.	
Janes & Manhan Jane	1-12
Signature of Authorized Agent for Harnett County	6-17-03 Date