## HARI T COUNTY HEALTH DEPARTM T

HTE 05-5-11998

## IMPROVEMENT PERMIT

22037

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) Confort Homes INC

Property Location: SR# 1417 Christian Light

Repairs New Installation Septic Tank Nitrification Line Subdivision Forest Trails Lot # \_\_3( Quadrant # Tax ID # Number of Bedrooms Proposed: Lot Size: Garage: **Z** Basement with Plumbing: Public ☐ Well Community Water Supply: 50 ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Type of system: Pump Tank: \_\_\_\_gallons Size of tank: Septic Tank: 1000 gallons Subsurface width of No. of exact length depth of ditches 4 of each ditch 80 ft. ditches 3 ft. ditches 20-718 in. Drainage Field French Drain Required: Linear feet 6-17-05 Date: This permit is subject to revocation if site Signed: ( plans or intended use change. Environmental Health Specialist Trysbras

## 05-5-11998

## HARNETT COUNTY DEPARTMENT OF PURI IC HEALTH AU ...ORIZATION TO CONST...CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22037. This authorization shall be valid for a period not to exceed for (6)	
definition shall be valid for a period flot to exceed five (3) years from the data of issues	
This authorization will be invalid if ownership, site plans, or intended use change.	
Comfort Homes	
Name	Telephone #
P.D. BOX 369 Clayton N.C	. 275-28
Property Location SR#	5141
Troperty Location Sky	Road Name
Forestrails 31	3
Forest Trails 31 Subdivision Lot # # Bedroo	ms Proposed Lot Size
TYPE OF S	SYSTEM
[ ] New Installation [ ] Repair [ ] Septic Tan	
[ Conventional [ ] Other	
[ ] 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 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.	
James E Manhant RRY	
Signature of Authorized Agent for Harnett County	6-17-05
organist of Authorized Agent for Harnett County	Date