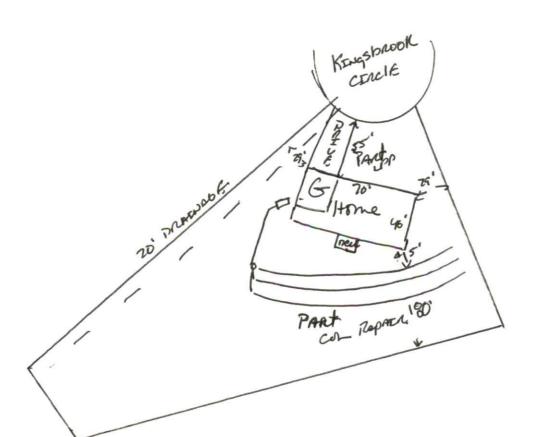
## HAR TT COUNTY HEALTH DEPARTN T

HTE 05-5-11999

## IIVIPROVEMENT PERMIT

22043

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 Itores Tax New Installation Septic Tank Property Location: SR# 1417 Christian Light RD Repairs Nitrification Line Subdivision Forest Trails Lot # **3** Quadrant # \_\_\_\_\_ Tax ID # Garage: 2 Basement with Plumbing: Public ☐ Community Water Supply: ☐ Well Distance From Well: 50° ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. ☐ Other Conventional Type of system: Pump Tank:\_\_\_\_\_gallons Size of tank: Septic Tank: 1000 gallons width of depth of Subsurface No. of exact length No. of exact length of each ditch 100 ft. ditches 18-20" in. ditches 3 ft. Drainage Field French Drain Required: \_\_\_\_\_Linear feet Date: 6-12-05 Signed: Environmental Health Specialist This permit is subject to revocation if site plans or intended use change.



## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTTIORIZATION TO CONS' JCT

Harnett County Department of Public Health, Improvement Permit # 220 43. This nuthorization shall be valid for a period not to exceed five (5) years from the date of issuance.
ownership, she plans, or intended use change.
Comfort Home TWC 118-553-5242 Telephone #
Telephone #  118-553-5242  Telephone #  10. Box 367 Clayton N.C. 275
1912 roperty Location SR#  Road Name  Road Name
roperty Location SR#  Forest Trial  Abdivision  Lot # Bedrooms Proposed  Christian Legal  Road Name  725  Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair [   Septic Tank [   Nitrification Lines
Conventional [ ] Other
] Basement [ ] With Plumbing [ ] Without Plumbing
Vater Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.
eptic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
umber of fields # of lines per field 3 Length of lines /00 Ft.
7 idth of ditches ft. Depth of ditches inches
rench Drain: Linear feet required Depth of gravel
o wastewater system shall be covered or placed into use by any person until an inspection by the
arnett 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 & Manhant enos
gnature of Authorized Agent for Harnett County