HTE#05-5-13447

## **IMPROVEMENT PERMIT 22289**

| 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." | en |
|---|----|
| Name: (owner) Confort Honer Inc. New Installation Septic Pank Repair  |    |
| Property Location: SR# 1412 Christian Light Rd Nitrification Line Expansion D  Subdivision Forst Trails  Lot # 55   |    |
| Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (36040) Lot Size: , 4614c   |    |
|   | _  |
| Basement with Plumbing:   Garage:   |    |
| Water Supply:  Well Public Community  Distance From Well: ft.   |    |
| Following is the minimum specifications for sewage disposal system on above captioned property.   |    |
| Subject to final approxal.  |    |
| Type of system:  Other Other  |    |
| Size of tank: Septic Tank: gallons Pump Tank: gallons   |    |
| Subsurface No. of exact length width of depth of Drainage Field ditches 4 s. of each ditch 75 ft. ditches 3 ft. ditches in  | 1. |
| French Drain Required:Linear feet Date: //o /2006   |    |
| This permit is subject to revocation if site  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE  |    |
| plans or intended use change.   |    |
| Signed Supe M. Sion, R.S.   |    |
| * Maintain all set backs [00] Environmental Health Specialist   |    |
| +ofart dither at 30 inches - 110'!  |    |
|   |    |
| NO DEEPER + Run to  |    |
| 2000 18 inches  |    |
|   |    |
| 197   |    |
| 179   |    |
| 199   |    |
|   |    |
| Hosic, Gravage  |    |
| 3 Br  |    |
| 14' 46'X60'   |    |
|   |    |
| 4   1   1   |    |
| 18  |    |
| 0 6 0 4 61  |    |

## HARNE COUNTY DEPARTMENT O. . JBLIC 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 # 222 F \( \) . 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. |
|--|
| Confort Honer, Frc. Name  919583-3242 Telephone #  |
| P.O. Box 269 Clayfon, N. (. 27528<br>Address   |
| Property Location SR#  Christian Cight Road Name   |
| Forst Trails 55 J(360 g/d) .4614c 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: 50 Ft.  |
| Septic Tankgal Pump Chambergal   |
| 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.   |
| Signature of Authorized Agent for Harnett County  Date   |