NT

IMPROVEMENT PERMIT 22297

| 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 writte permit from the Harnett County Health Department." |
|--|
| Name: (owner) Comfort Honer New Installation Septic Tank Repair |
| Property Location: SR# 14/2 Christian Cylt Rd Nitrification Line Expansion Lot # 90 |
| Number of Bedrooms Proposed: 3(360 god) Quadrant # Lot Size: .4824c |
| Number of Bedrooms Proposed: 3 (360 god) Lot Size: 4824c |
| Basement with Plumbing: Garage: |
| Water Supply: Well Public Community Distance From Well: 50 ft. |
| Following is the minimum specifications for sewage disposal system on above captioned property. |
| Subject to final approval |
| Type of system: Conventional Other 25% Reduct on System |
| Size of tank: Septic Tank: gallons Pump Tank: gallons |
| Subsurface No. of exact length 300 k width of depth of Drainage Field ditches ft. of each ditch ft. ditches 3 ft. ditches 18 in. |
| French Drain Required:Linear feet Date: //24/2006 |
| This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. |
| *Maintain all settacks Environmental Health Specialist |
| +NO DEEDER than 18 inches |
| LPP Repair |
| Hosse, Carrege + Deck 40 x 64 3/3 130 106 106 107 106 107 107 108 108 108 108 108 108 |
| Kings brook Cir. |
| |

HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # |
|--|
| Confort Homer Fre. Name PO B 218 CL / VC 22000 |
| f.o. Box 369 Clayton, W.C. 27528 Address |
| 14/2 Property Location SR# Road Name |
| Forest Trail 90 3 (360 god) AS 24c Subdivision Lot # Bedrooms Proposed Lot Size |
| TYPE OF SYSTEM |
| New Installation [] Repair [Septic Tank [Nitrification Lines |
| [] Conventional [Tother 25% Reduction |
| [] 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 700 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 |