## HADNETT COUNTY HEALTH DEPARTMENT ... #206-5-14748

## I....?ROVEMENT PERM...

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 Homes	New Installation Septic Tank
Property Location: SR# 1412 Chris Pin Fig.	Repairs Nitrification Line
	Lot #_6/
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3RR 366 6PD	
Basement with Plumbing: Garage:	
Water Supply:  Well  Public  Communit	sy .
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal sfinal approval.	1. 12
Type of system: Conventional Other 253	Meducian Syste
Size of tank: Septic Tank: 1000 gallons	
Subsurface No. of exact length of each ditch 60	width of depth of ft. ditches 10 ft. ditches 10 in.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change.  Signed	Environmental Health Specialist
Pant map - 4  Pant of non-  Rep - 25  Part of 15  Part	TREES FOBE REMOVED.  ** PUMP  ** TRANSTEE  5 '2" SCHHO MALVES  2" POESSOE HEAD  10  10  10  10  10  10  10  10  10  1
TELLAY CT	

## 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 Homes  Name  7.0.30x 365 Clayfon N.C. 27528  Address	•	
P.O. Box 369 Clayfon N.C. 27528 Address	is .	
Property Location SR#  Chois time Light  Road Name		
Forestinail 60 38 m 300 CPD 1462 Subdivision Lot # Bedrooms Proposed Lot Size		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[ New Installation [ ] Repair [   Septic Tank [ ] Nitrification Lines		
[] Conventional [] Other <u>759000 System</u>		
[ ] 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 5 Length of lines Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
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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		