HADNETT COUNTY HEALTH DEPARTMENT

Nº 14324

....PROVEMENT PERI... [

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 SR# 1412 Christian Lift
Repairs Property Location: Nitrification Line Subdivision Forest Trails Lot # 45 _____ Quadrant # _____ Tax ID #__ Number of Bedrooms Proposed: 380- 3606PD Lot Size: . 570 Basement with Plumbing: Garage: Public ☐ Community Distance From Well: ___ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% Reduction System Size of tank: Pump Tank: _____ gallons Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 ft. ditches in. Drainage Field _____Linear feet French Drain Required: _____ This permit is subject to revocation if site plans or intended use change. < B 12 しれてい

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 Home INC 919-533-3242 Name Telephone #
Address CH 120 F.V. N.C. 27526
1412 Property Location SR# Christian Lyts Road Name
Forest Theils 45 38m 360 6AB .570 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [] Nitrification Lines
[] Conventional [JOther 25% Reduction Syst
[] 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.
Signature of Authorized Agent for Harnett County Date