## HADNIETT COUNTY HEALTH DEPARTN T

I PROVEMENT PERMIT

№ 14336

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 Depart		DAY To a Barbara	Dan To
Name: (owner) Confort H			
Property Location: SR# 1412	Christian I from ND	☐ Repairs	Nitrification Line
Subdivision Forest Thails		Lot	#_63
Number of Bedrooms Proposed: _	300 360 680 La	ot Size: -46-	2
Basement with Plumbing:	Garage:		
Water Supply:  Well I	Public		
Distance From Well:	ft.		
Following is the minimum specifica final approval.	tions for sewage disposal syst	tem on above captioned	property. Subject to
Type of system:	1 Other Many	tof to 2590 relie	tun System
Size of tank: Septic Tank:	1000 gallons Pu	mp Tank: 1000 gal	llons
Subsurface No. of Drainage Field ditches 3	exact length of each ditch 120 ft	width of de ditches ft. di	epth of itches <u>24-&gt;18</u> in.
French Drain Required:			
This permit is subject to revocate plans or intended use change.  ***RVM** 40.9m@ 16.7014	ion if site Signed	Environmental Hea	Ith Specialist  BE REMOVED!  My BENERDED
3 34" SCHAO VALVES 2" SCHAO 118E 2' PRESSURE HEAD	157 25% Rool: Regard  157  157  157  157  157	252	

06-5-14824

## 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 #			
Comfort Home Tak 919-553-3242 Name Telephone #			
7.0. BOX 369 Clayton N.C. 27528 Address			
Property Location SR#  Claistine Light Road Name			
Fonest Trans 63 38 m 76 cm 46 z Subdivision Lot # # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM			
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines [] Conventional [] Other 25 Reduction System [] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.			
Septic Tankgal Pump Chambergal			
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			
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			