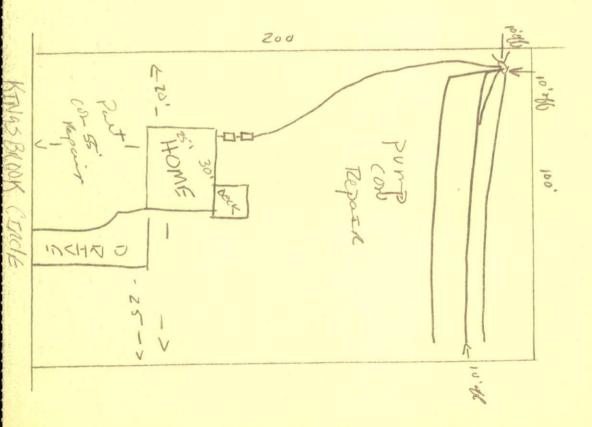
HARNETT COUNTY HEALTH DEPARTMET

03-5-5803 Nº19860

## IMPROVEMENT PERMIT

Name: (owner) Comfort Homes INC		
Property Location: SR# 1417 Charstan Lig	Repairs	☑ Nitrification Lin
Subdivision Fonest Trarls	Lot	#
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	Lot Size:	
Basement with Plumbing: Garage	e: 🔲	
Water Supply:  Well Public Comm	nunity	
Distance From Well:ft.		
Following is the minimum specifications for sewage dispositional approval.	osal system on above captioned p	property. Subject to
final approval.  Type of system:	Pump to Conver	time
Size of tank: Septic Tank: 1000 gallons	Pump Tank: 1000 gall	lons
Subsurface No. of exact length of each ditch of each ditch	width of de ft. ditches 3 ft. dit	pth of ches 24 in.
French Drain Required: Linear feet		
Da	ite: 12-4-02	
This permit is subject to revocation if site plans or intended use change.	gned: Same EMs	La fors
	// Elivironmental Heal	in opecialist



## HADNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONSTRUC

Authorization is hereby given to co Harnett County Health Departmen authorization shall be valid for a po	it, Improvement eriod not to exce	Permit #_ed five (5)	19860 years from the da	This ate of issuance.	
This authorization will be invalid if	ownership, site p	lans, or in	tended use change		
Confort Homes FAL			919-653	- 3747	
Comfort Homes INC			Telephone	:#	
P.O. Boy 369 (	Vactor 1	0	77670		
Address	1.9.02		2112		
1412			Chair	Lind 16	
Property Location SR#	A BOLD TO BE	Christian Light Road Name			
Forest Tapels Subdivision	17		3	ui I	
Subdivision	Lot#	# Bed	7 rooms Proposed	Lot size	
			-		
	TYPE OF	THE PARTY OF			
[ New Installation [ ] Repair [ ]	Septic Tank [	Nitrificiati	on Lines		
			18		
[ Conventional Other	Basema	ent [ ]Wi	th Plumbino [ ] Wi	thout Plumbing	
		[ ]///		mout i umping	
Water Supply: [   Well [   Public - Septic Tank   /00/)	Minimum Well S Pump O	Chamber	1000		
MIKI	FICATION FIEL	DSPECIF	ICATIONS		
Number of fields # of lines	per field 3	Length	of lines 75	Ft.	
Width of ditches ft. Depth	of ditches 2 9	inche	es		
French Drain: Linear feet required	Depth o	of gravel _			
No wastewater system shall inspection by the Harnett Con	ll be covered o	r placed	into use by any nt has determin	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.					
		P. 15 10 10 10 10 10 10 10 10 10 10 10 10 10	All the second reservoirs and the second		
Signature of Authorized Agent for Harnett	fens	,	2-4-0 Z Date	_	