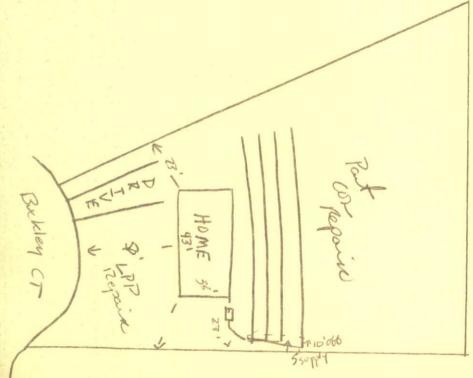
#03-5-5807

HARI T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

Nº19857

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 INC New Installation Septic Tank Property Location: SR# 1912 Chrostian Light Repairs ☑ Nitrification Line Subdivision Fonest TARTIS Lot # 6 Tax ID #______ Quadrant #_____ Basement with Plumbing: Garage: Public Public ☐ Community Distance From Well: _____ 50' Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Septic Tank: 1000 gallons Size of tank: Pump Tank: _____ gallons exact length of each ditch 80 ft. ditches 3 ft. depth of depth of ditches 1820 in. Subsurface No. of Drainage Field ditches French Drain Required: _____ Linear feet Date: _____/2-4-62 Signed: The Commental Health Specialist This permit is subject to revocation if site plans or intended use change.



H ETT COUNTY HEALTH DEPARTME AU __ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewa Harnett County Health Department, Improvement P	Permit # 19857	This
authorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site plan	d five (5) years from the da	te of issuance.
_ Comfort Homes Tix	818-553	- 3747
Name	Telephone	#
Name P.O. BOX 369- Clayton N.C. Address	27520	
1412		
Property Location SR#	Road Name	8
Forest Tracks 6	3	,462
Forest Trass/5 6 Subdivision Lot #	# Bedrooms Proposed	Lot size
TYPE OF SY	STEM	
[New Installation [] Repair [] Septic Tank [] Nitrification Lines		
Conventional Other		
[] Basement [] With Plumbing [] Without Plu	mbing	
Water Supply: [] Well [] Public - Minimum Well Set	thack. Et	
Septic Tank / 0 6 6 Pump Chamber		
· · · · · · · · · · · · · · · · · · ·		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields Z # of lines per field Q Length of lines SO Ft.		
Width of ditches 3 ft. Depth of ditches 18 inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covered or p	placed into use by any r	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.		
7		
Janes & Manh teron		
Signature of Authorized Agent for Harnett County	/Z-4-0 Z Date	
-//	Daily	