## HARN COUNTY HEALTH DEPARTMI

HTE 03-5-5809R

## **IMPROVEMENT PERMIT**

20724

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) Comport Homes INC. New Installation Septic Tank Property Location: SR# 1412 CHRISTIAN LIGHT RO Repairs Nitrification Line FOREST TRAILS Subdivision \_\_\_\_\_ Lot # \_\_\\ Quadrant # Tax ID# Number of Bedrooms Proposed: 3 Lot Size: 0.713 AC Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. A Other Pump To CONVENTIONAL ☐ Conventional Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches\_3 of each ditch 80 ft. Drainage Field ditches 3 ft. ditches 18 in. French Drain Required:\_\_\_\_\_ Linear feet Date: RS COLIVER TOLKSPORT This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 290 TOTAL LPB REPAIR 54' AREA \*MAINTAIN ALL SETBACKS 200 + Pump SPERS 400 pm@ 13 \* MANATEE SPECS THREE 3/4"SCH 40 TAPS 4" SCH 40 SUPPLY LINE 60 2' PRESSURE HEAD + CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION KINGSPROOK CIRCLE

## HARNETT CC | TY DEPARTMENT OF PUBI | HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit authorization shall be valid for a period not to exceed five (5) years <i>This authorization will be invalid if ownership, site plans, or intended</i>	# $20724$ . This from the date of issuance.
Comfort Homes INC.	916-553-2727
Comfort Homes INC Name	Telephone #
PO BOX 369 CLAYTON NC 27520 Address	
1412 CHRISTIAN LIGHT RO	
Property Location SR#	Road Name
FOREST TRAILS 1)	0.7134
FOREST TRAILS \\ Subdivision \text{Lot # Bedrooms Proposed}	Lot Size
TYPE OF SYSTEM	
New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines	
[] Conventional Other Pune To Conventional	
[ ] Basement [ ] With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback: 100 Ft.	
Septic Tank gal Pump Chamber gal	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length	n 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.	
Res helled is the	3/25/04
Signature of Authorized Agent for Harnett County	Date