## HARN [ COUNTY HEALTH DEPARTM]

## HTE 03-5-5834R

## **IMPROVEMENT PERMIT**

20725

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."

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Nitrification Line
Lot # _ 10
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depth of ditches 18 in.
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## HARNETT C NTY DEPARTMENT OF PUB 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 Hones Inc 919-55	53-3242	
Name	phone #	
PO BOX 369 CLAYTON NC 27520 Address		
Property Location SR#  CHRISTIAN LIGHT RD  Road Name		
FOREST TRAILS 10 3 0.40 Subdivision Lot # # Bedrooms Proposed Lot S	774c	
Subdivision Lot # # Bedrooms Proposed Lot S	Size	
TYPE OF SYSTEM	* 20	
New Installation [ ] Repair Septic Tank Nitrification Li	nes	
[] Conventional K] Other Pume To ConvENTIONAL		
[ ] Basement [ ] With Plumbing [ ] Without Plumbing		
Water Supply: [ ] Well Yublic Water Supply Minimum Well Setback: 100 Ft.		
Septic Tank gal Pump Chamber \\000	gal	
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines	75 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.		
3 25 04		
Signature of Authorized Agent for Harnett County	Date	