#03-5-5835

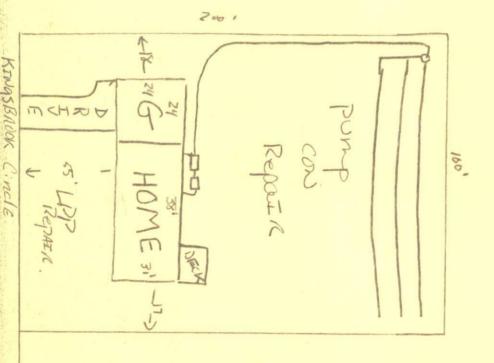
HARNETT COUNTY HEALTH DEPARTMENT

Nº19859

IMPROVEMENT PERMIT

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) Confort Hones Inc	New Installation	☑ Septic Tank
Property Location: SR#14/2 Chaistia Light	☐ Repairs	☑ Nitrification Lir
Subdivision Fonest Trates	Lot	#_ 16
Tax ID #	Quadrant #	17.19
Number of Bedrooms Proposed: Lor	Size: .461 Ac	res
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal systeminal approval. Type of system: Conventional Other Purp		
Size of tank: Septic Tank: 1000 gallons Pur		
Subsurface No. of exact length of each ditch 75 ft.	width of ditches 3 ft. di	epth of tches 24 in.
French Drain Required: Linear feet		
	12-4-02 Cames E Manh Environmental Heal	



HARNETT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

Authorization is hereby given to constr Harnett County Health Department, In authorization shall be valid for a period	mprovement Pern d not to exceed fiv	nit # <u>/9859</u> ve (5) years from the o	This late of issuance.	
This authorization will be invalid if own			e.	
Comfort Homes Tuc		919-55	7-3742	
Name		919-553-324Z Telephone #		
Comfort Homes INC Name P.O. Box 369 Clayton Address	N.C.	2757.0		
Address				
1417		Claire	4:14	
/4/Z Property Location SR#		Christ Road Na	me /	
Forest Trails				
Fonest Trails Subdivision	/6 Lot#	# Bedrooms Proposed	I ot size	
	2001	" Dourooms Proposed	Lot Sizo	
Number of fields # of lines per Width of ditches ft. Depth of o	nimum Well Setba Pump Chan ATION FIELD SP field 3 L	ck: _50 Ft. aber _/000 ECIFICATIONS ength of lines _ 75 inches	_	
French Drain: Linear feet required	Depth of gra	vel		
No wastewater system shall be inspection by the Harnett Count has been installed according to valid Oper	y Health Depar the conditions	tment has determi	ned that the system	
Signature of Authorized Agent for Harnett Coun	Nevez ity	17-4-0 Z Date		