HARNETT

UNTY HEALTH DEPARTMENT

<u>1019869</u>

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." New Installation Name: (owner) Comfort Hones Septic Tank SR# 1912 Christian Light Repairs Property Location: Nitrification Line Subdivision Fores + Tracks Lot # 69 _____ Quadrant # _____ Tax ID #____ Basement with Plumbing: Garage: Water Supply: Well Public ☐ Community Distance From Well: 50' ft

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other

Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface No. of exact length width of depth of Drainage Field ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 18 20 in.

French Drain Required: Linear feet

This permit is subject to revocation if site plans or intended use change.

21.03

Date: _____/7-02

Signed: Openes Markant ones Environmental Health Specialist

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HAR T COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

Authorization is hereby given to construct a wastewater system to th Harnett County Health Department, Improvement Permit # / 9	869 . This
authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.	
Comfort Hones Name P.O. BOX 369 Chayton Address	9/9 - 553-3242 Telephone #
P.O. BOX 369 Charton	Telephone #
	01 -1 - 01 -1
Property Location SR#	Road Name
Forest Trails 69 3	,540
Subdivision Lot # # Bedrooms Pro	oposed Lot size
TYPE OF SYSTEM	
[New Installation [] Repair [] Septic Tank [] Nitrificiation Lines	
[Conventional Other [] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well [Public - Minimum Well Setback: 50 Ft. Septic Tank 1000 Pump Chamber	
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field 4 Length 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.	
Signature of Authorized Agent for Harnett County Date	-02