HARI T COUNTY HEALTH DEPARTM

HTE 03-5-8318

IMPROVEMENT PERMIT

21108

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."	of sewage without first obta	aining a written permit
Name: (owner) Confort Homes	New Installation	Septic Tank
Name: (owner) Confort Homes Property Location: SR# 14/2 Christian Light Rd	☐ Repairs	Nitrification Line
Subdivision Forest Trails	Lot #	87
Tax ID #	Quadrant #	
Tax ID # Lot Siz	ze: .905 Ac	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well: 50 in ft.		
Following is the minimum specifications for sewage disposal systo final approval.		ed property. Subject
Type of system:	Convertional	
Size of tank: Septic Tank: / OCC gallons Pump	Гаnk:gallons	
	width of	depth of
Drainage Field ditches 3 of each ditch 100 ft.	ditches_3_ft.	ditches 12 in MA
	12/9/2003	6.m of cover
This permit is subject to revocation if site plans or intended use change. **Maintain all sethecks* **Ron ditches an contour **Ditches to be 12 inches **System will need Ginels of cover **Tystem will need Ginels **System will need	Environmental He	
20	39'	

HARNL.. COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 2108 . This authorization shall be valid for a period not to exceed for (7)		
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.		
Confirst Hands		
Name PO Box 319 Ch 1 16 2750		
Telephone#		
P.O. Box 369 Clayton, N.C. 27520 Address		
Property Location SR# Christian Light Road Name		
Road Name		
Forest Trails 87 3		
Subdivision Forest Trails Subdivision Lot # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[New Installation [] Repair [Septic Tank [Nitrification Lines		
[] Conventional [] Other Shallow Conventional		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback: 50 Ft.		
Septic Tank 1000 gd Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines / 00 Ft.		
Width of ditches ft. Depth of ditches /2 inches MAX		
French Drain: Linear feet required Depth of gravel		
Dopth of graver		
California and processor and a company of the california and a company of the california and a california an		
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		
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 installed according to		
A CONTROL OF THE PROPERTY OF T		
(S) Mel a (
Signature of Authorized Agent for Harnett County of Harnett		
Date		