21122

HTE 03-5-8449-1

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as for tion of any building at which a septic tank system is to be used for dif- from the Harnett County Health Department."	isposal of sewage without first obta	nining a written permit
Name: (owner) Confort Homes Inc.	New Installation	Septic Tank
Name: (owner) Confort Homes Inc. Property Location: SR# 14/2 Chr. st. an Light	(d.	Nitrification Line
Subdivision Fores + Trails	Lot #	_77
Tax ID #	Quadrant #	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage dispoto final approval.		
Type of system:	sore Manitee to 25% /	leduction by Hem
Size of tank: Septic Tank: gallons	Pump Tank: /000 gallons	
Subsurface No. of exact length of each ditch for the subsurface No. of each ditch for the subsurface of the subsurface o	width of ditchesft.	depth of ditches 12-18 in.
French Drain Required:Linear feet	Date: //16/2004	
This permit is subject to revocation if site plans or intended use change.	Signed: Music Environmental He	R. Calth Specialist
* Maintain all required retbacks	e e e e e e e e e e e e e e e e e e e	
* The top a Lines should goin at 18 inches	^	
x The bottom whines should be Dinchy on		
the loss tide + 1 Fincher on the high side	95	
* The entire system will need binches on cover	K. III	
	/ //////	
* Use a Zinch supply line	1PORA	,
* use 2 inch pipe For the Manitee	Zd.	1
* Use 3/4 inch tops och 40	Y	1
* Pomp touse 52 gpm @ 28 ph	11	
* The teather lengthforthe on/off float should be 7 inher		190
04/014 11601	Da Dack	
	Hose 1000	
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HARN COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
This authorization will be invalid if ownership, site plans, or intended use change		
Name P.C. Bed 369 Clayfor, N.C. 27526 Address		
Address		
Property Location SR#		
Road Name		
Subdivision Road Name' 77 3 77Ac Lot # #Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines		
[] Conventional [] Other Pressure Maitee to 25 % Reduction Sy Aca		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.		
Septic Tank /000 gd Pump Chamber /000 gd		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields / # of lines per field 4 Length of lines 50 Ft.		
Width of ditches ft. Depth of ditches/2-18 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 of H.		

Date