HARI T COUNTY HEALTH DEPARTM

20782

HTE 04-5-9070

IMPROVEMENT PERMIT

from the Harnett County Health Department."	_/	_	
Name: (owner) Comfort Hones INC Property Location: SR# 1417 Christia Light ID	New Installation Repairs	Septic Tank Nitrification Line	
Subdivision Forest Trails			
Tax ID #	_ Quadrant #		
	ze: .461 Acre		
Basement with Plumbing: Garage:			
Water Supply:			
Distance From Well: ft.			
Following is the minimum specifications for sewage disposal systo final approval.		ed property. Subject	
Type of system: ZConventional ZOther Pump to	Envertion D		
Size of tank: Septic Tank: 1000 gallons Pump	Tank: 1000 gallons		
Subsurface No. of exact length of each ditch 80 ft.	width of ditches 3 ft.	depth of ditches <u>Zy → 18</u> in.	
French Drain Required:Linear feet			
	4-5-04		
This permit is subject to revocation if site plans or intended use change. Signed	Environmental He		
Pump to conversional Repark ON EITHER SEDE OF LOT! Part Pump to conversional Repark Repark	- 4- Fry SCA	14.3" 440 Bustongs/WANN	
BR HOME 32	. 20-		

04-5-9070

HARNETT CONTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, authorization shall be valid for a period not to <i>This authorization will be invalid if ownersh</i>	Improvement exceed five	nt Permit #	078Z	Thia	
Com fort Hones Tax			918- 563 - 2	242	
Name			918-553-3 Telephone #	292	
Name P.O. BOX 369 Clayton Address	N.C.	27520	•		
Property Location SR#		Clais Road Na	tian Lift	·	
Forest Trails 20 Subdivision Lot # #	3 Redrooms Pron	ogađ	-461		
			Lot Size		
	OF SYST				
[New Installation [] Repair [Septi					
[] Conventional [] Other Pup to tome to Marsette					
[] Basement [] With Plumbing [] Without Plumbing					
Water Supply: [] Well [Public Water Supply Minimum Well Setback: _ SroFt.					
Septic Tank gal P	ump Chamb	er_ 100-0	<u>8</u>	gal	
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per fi	eld 4	_ Length of lin	nes 80	Ft.	
Width of ditches ft. Depth of ditches inches					
French Drain: Linear feet required Depth of gravel					
		8			
No wastewater system shall be covered or place	ced into use h	ov any person in	ntil an inchecti	on 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.					
and in the same of	mat a vand (operations Pern	int has been iss	ued.	
James & Manhant eres	~		4-6-09 Date	/	
Signature of Authorized Agent for Harnett County			Date		