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HTE 10122R

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

21403

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) COMFORT HOMES INC New Installation Septic Tank
Property Location: SR# 1412 CHRISTIAN LIGHT RD Repairs Nitrification Line

Subdivision FOREST TRAILS Lot # 75

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.113 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

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

Type of system: Conventional Other PUMP TO CONVENTIONAL w/ MANATEE DISTRIBUTION

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

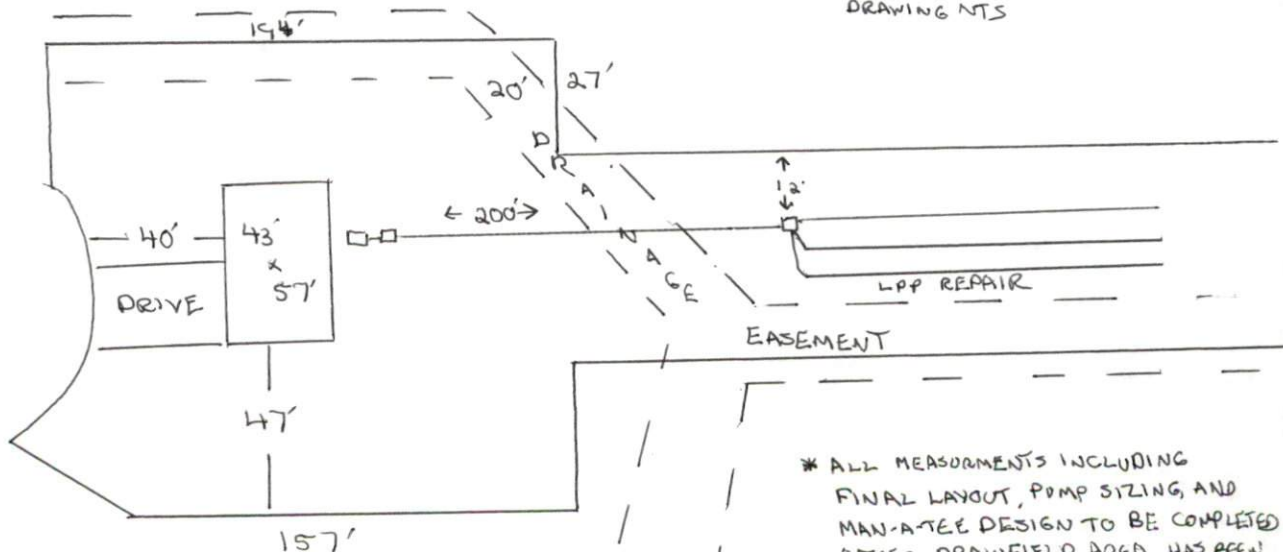
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10/25/04

Signed: [Signature] RS (OLIVER TOLKSDORF)
Environmental Health Specialist
DRAWING NTS

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



*PUMP SPECS
23gpm @ 14' TDH

*MANATEE SPECS
2' PRESSURE HEAD
3 1/2" SCH 40 VALVES
2" SCH 40 PIPE
PLACE MANATEE AT TOP OF SYSTEM AND RUN PIPE TO EACH LINE

2/3/05
OT

* ALL MEASUREMENTS INCLUDING FINAL LAYOUT, PUMP SIZING, AND MANATEE DESIGN TO BE COMPLETED AFTER DRAINFIELD AREA HAS BEEN CLEARED

* AUTHORIZATION TO CONSTRUCT TO BE ISSUED AFTER FINAL SYSTEM DESIGN

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21403. 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 Homes Inc Name 919-553-3242 Telephone #

PO Box 369 CLAYTON NC 27520 Address

1412 Property Location SR# CHRISTIAN LIGHT RD Road Name

FOREST TRAILS Subdivision 75 Lot # 3 # Bedrooms Proposed 1.123 ac Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CONVENTIONAL

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 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] Signature of Authorized Agent for Harnett County

2/3/05 Date