

HTE# 05-5-12002R

IMPROVEMENT PERMIT 22996

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 Repair
Property Location: SR# 1412 CHRISTIAN LIGHT RD Nitrification Line Expansion
Subdivision FOREST TRAILS Lot # 13R
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (60 sqd) Lot Size: .46 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 25% REDUCTION SYSTEM

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

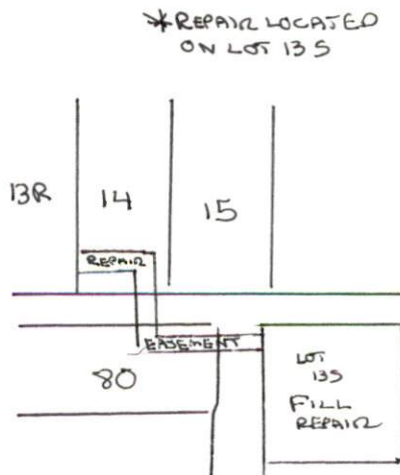
Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 14 in. ^{or} MAX!

French Drain Required: _____ Linear feet

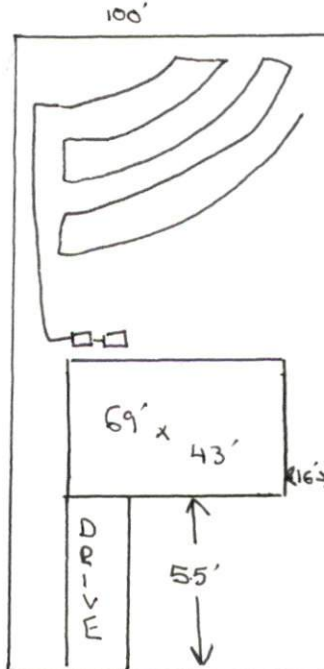
This permit is subject to revocation if site plans or intended use change.

Date: 6/23/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] (OLIVER HOLYSDORF)
Environmental Health Specialist



*REPAIR LOCATED ON LOT 135



- * MAINTAIN ALL SETBACKS
- * MINIMUM OF 6" OF COVER NEEDED OVER SYSTEM
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION
- * DO NOT USE MORE THAN 5 RUNS.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22996. 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 919-553-3242
Name Telephone #

PO BOX 369 CLAYTON NC 27520
Address

1412 CHRISTIAN LIGHT RD
Property Location SR# Road Name

FOREST TRAILS 13 3 (360 gal) .46 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO 25% REDUCTION SYSTEM

[] 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 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 14 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] RS
Signature of Authorized Agent for Harnett County

6/23/06
Date