

HTE# 05-5-13446

IMPROVEMENT PERMIT 22292

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 # 52

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: .461 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 24 in.

French Drain Required: _____ Linear feet

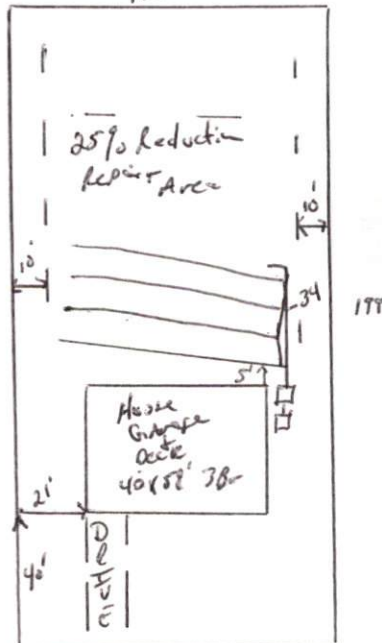
Date: 11/10/2006

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditches on contour
- * Use 4 sch 40 1/2" tees
- bushings & ball valves
- * Use 34 ft. of 2" sch 40
- supply line
- * Pump should pump 30 gpm @ 19' TDH
- * Set a 2 ft pressur head
- * Draw down to be six inches
- * Use valve boxes over ball
- valves



Rocky Pt. Ct.

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 # 22290. 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 #

P.O. Box 369 Clayton, N.C. 27528 Address

1412 Property Location SR# Christina Light Road Name

Forest Trails Subdivision 52 Lot # 3 (360 gal) # Bedrooms Proposed .461 ac 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 24 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

1/10/2006
Date