

IMPROVEMENT PERMIT

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 Christmas Left

Repairs Nitrification Line

Subdivision Forest Trails Lot # 37

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 BRN 3606PD Lot Size: 466 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

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

Type of system: Conventional Other 25% Reduction System

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

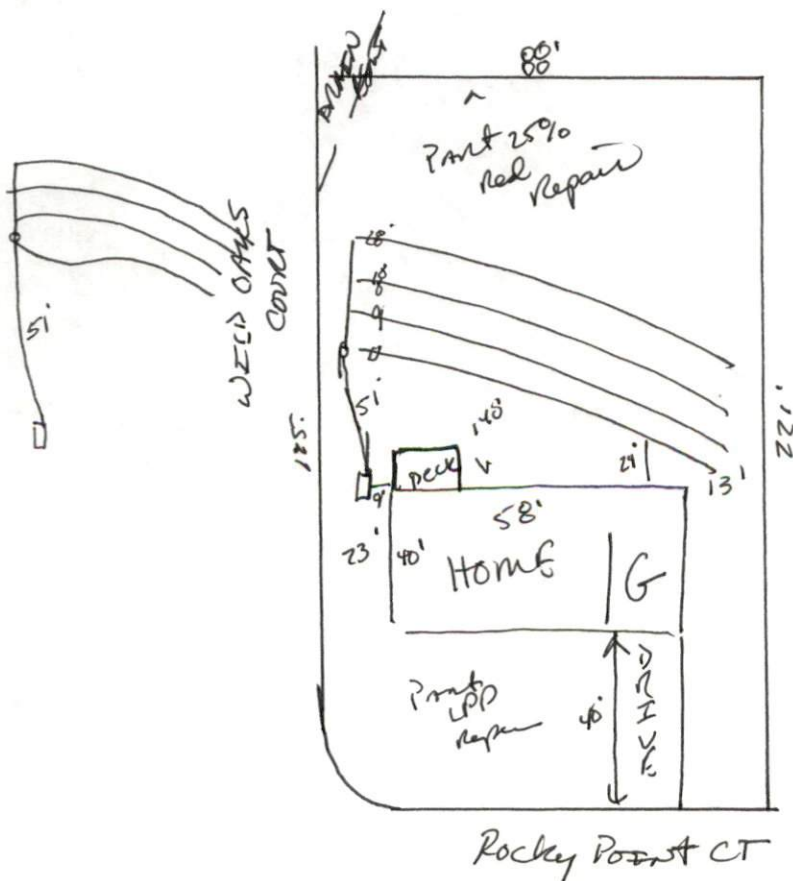
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 20" max in.

French Drain Required: - Linear feet

Date: 6-1-06

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

Signed: James E. Markert
Environmental Health Specialist



06-5-14821

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 # 14320. 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# Christie Lyle Road Name

Forest Trails Subdivision 37 Lot # 3BR 360GPD # Bedrooms Proposed .466 Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Rad Syst

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1600 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 20" 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.

James E. Mashburn
Signature of Authorized Agent for Harnett County

6-1-06
Date