

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 New Installation Septic Tank
 Property Location: SR# 1412 Christmas Light Repairs Nitrification Line

Subdivision Forest Trail Lot # 93

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Brn 360 611 Lot Size: 1.462

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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

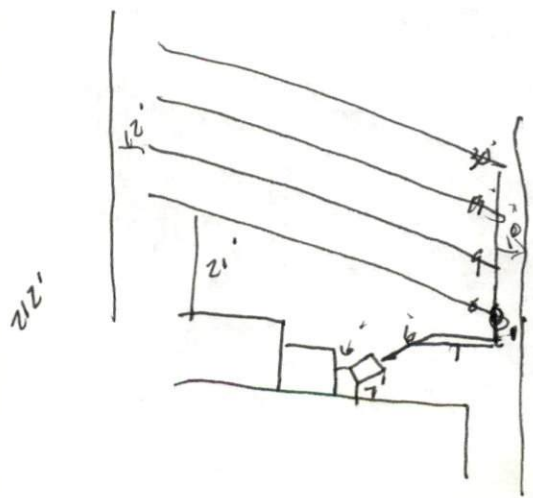
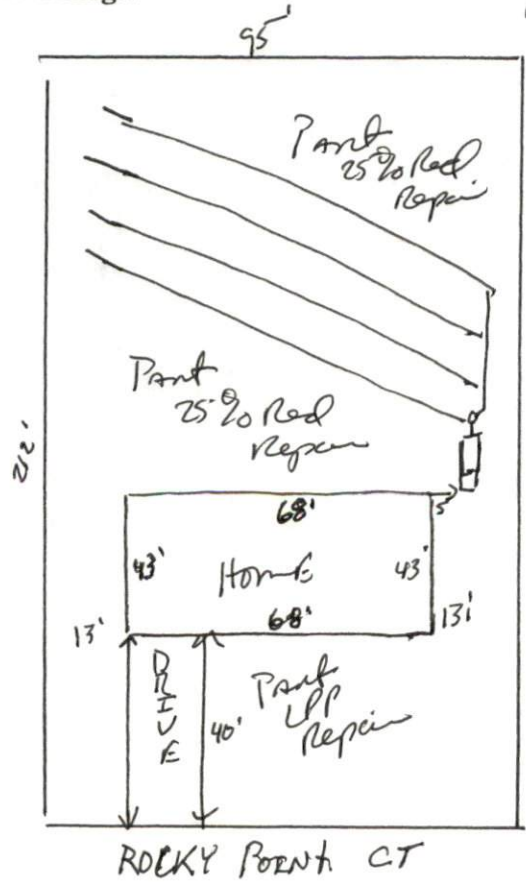
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 30" in.

French Drain Required: - Linear feet

Date: 6-5-06

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

Signed: James E. Mankin
Environmental Health Specialist



ROCKY POINT CT

#06-5-14825

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 # 14325. 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.*

Name Comfort Homes INC Telephone # 919-553-5242

Address P.O. BOX 365 Clayton N.C. 27528

Property Location SR# 1412 Road Name Dustin Light

Subdivision Forest Trails 93 Lot # 382 # Bedrooms Proposed 360 GPD Lot Size 462

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 2500 Reductive Syst

Basement With Plumbing Without Plumbing

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

Septic Tank 1000 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 30 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 of Authorized Agent for Harnett County James E. Montague

Date 6-5-06