

#03-5-5818

HARNETT COUNTY HEALTH DEPARTMENT

No 19871

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 Christina Light

Repairs Nitrification Line

Subdivision Frost Trails Lot # 71

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .461

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 _____

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

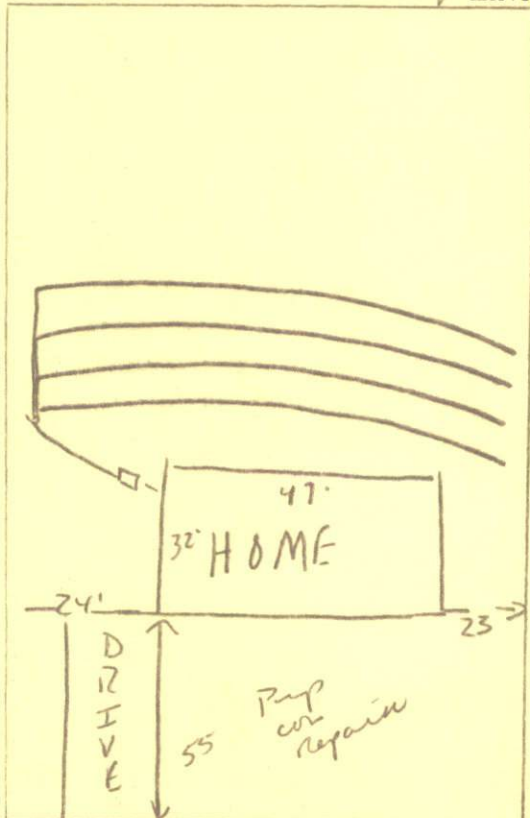
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: - Linear feet

Date: 12-17-02

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

Signed: James E. Markant
Environmental Health Specialist



Kingsbrook Circle

#03-5-5818

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19871. 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 # 919-553-3242

Address P.O. Box 369 Clayton N.C. 27520

Property Location SR# 1412 Road Name Christen Light

Subdivision Forest Trails Lot # 71 # Bedrooms Proposed 3 Lot size 761

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.
Septic Tank 1600 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

Signature of Authorized Agent for Harnett County James C. [Signature]

Date 12-18-02