HTE# 06.50014010

IMPROVEMENT PERMIT 22802

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) SHAN CONSTRUCTION CO. INC. New Installation & Septic Tank & Repair Property Location: SR# Hwy 210 Nitrification Line Expansion Subdivision ELIZABETH GARDENS Lot # 24 Quadrant # Tax ID# Number of Bedrooms Proposed: 4 (480 a) Lot Size: .80 ac Basement with Plumbing: Garage: Garage: Public Community Distance From Well: 160 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 No. of Subsurface exact length width of depth of ditches 5 ft. of each ditch 60 ft. ditches 3 ft. ditches 18 in. Drainage Field French Drain Required: Linear feet This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. Signed: Environmental Health Specialist *MANTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 217' 25% REDUCTION REPAIR AREA

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater syst Harnett County Department of Public Health, Improvement authorization shall be valid for a period not to exceed five (5 This authorization will be invalid if ownership, site plans, or | rermit # 1280 L . This |
|--|----------------------------------|
| SHAW CONSTRUCTION CO | |
| Name | Telephone # |
| 1248 BILL SHAW RD SPRING LAKE NC | £390 |
| Property Location SR# | |
| | Road Name |
| ELIZABETH GARDENS 24 4 (480gd) Subdivision Lot # Bedrooms Proposed | .80 |
| # Bedrooms Proposed | Lot Size |
| TYPE OF SYSTEM | I |
| New Installation [] Repair Septic Tank | Nitrification Lines |
| [] Conventional MOther 15% REDUCTION 5157 | Em |
| [] Basement [] With Plumbing [] Without Plumbing | |
| Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft. | |
| Septic Tank gal Pump Chamber | gal |
| NITRIFICATION FIELD SPECIFICATIONS | |
| Number of fields # of lines per field _5 Le | |
| Width of ditches 3 A D 1 A D 1 | iches |
| French Drain: Linear feet required Depth of gravel | |
| | |
| No wastewater system shall be covered or placed into use by any Harnett County Health Department has determined that the great | / nerson until an inspection 1 1 |
| 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 Harnet County | 2/36/06 |
| 7 | Date |