

IMPROVEMENT PERMIT

01-5-1694

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) Showcase
Property Location: SR# 1115
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Peachtree Crossing Lot # 50

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 35 x 45 Lot Size: .484 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

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

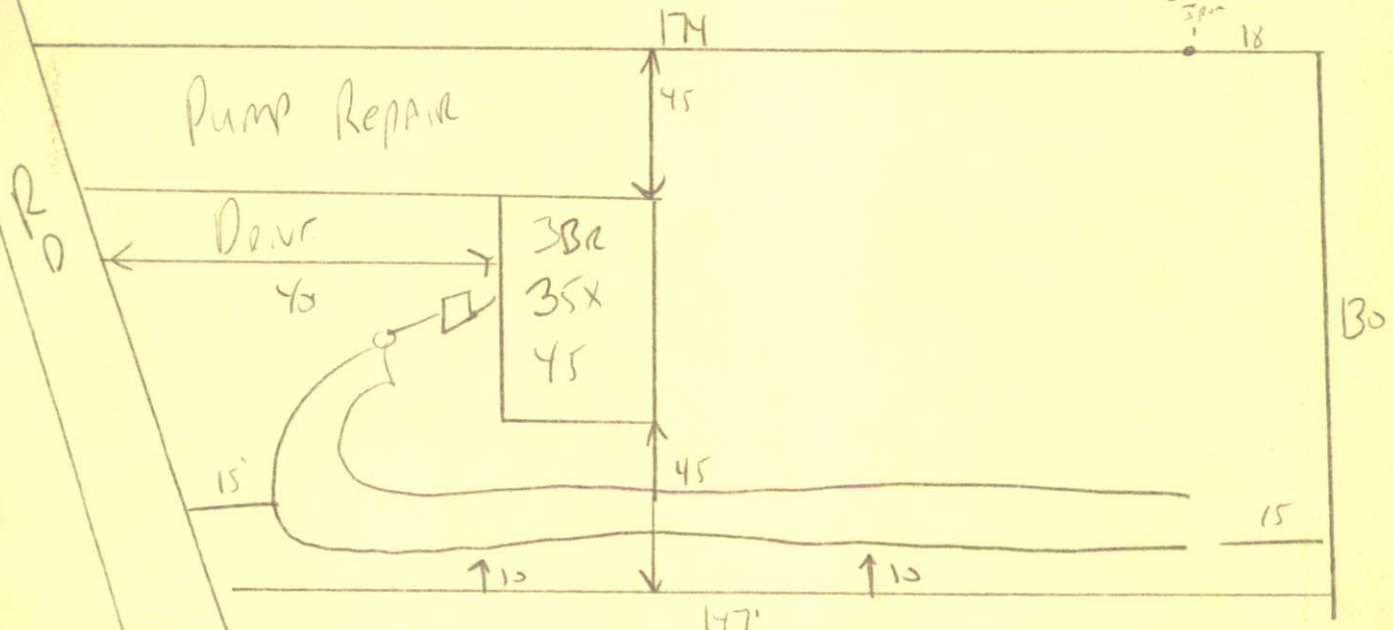
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: Linear feet

Date: 4-19-01

Signed: [Signature] Environmental Health Specialist

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



STUB out plumbing shallow start Lines 24" Run to 18" MAINTAIN ALL Set Backs Do not Drive on path on septic system

HARNETT COUNTY HEALTH DEPARTMENT  
**AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 19219. 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.

Owner or Authorized Agent Showcase

Name: \_\_\_\_\_ Telephone # 864-0247

Address: \_\_\_\_\_

Property Location: SR # 1115 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Peach Tree Lot # 50

Number of Bedrooms Proposed: 3 (35x45) Lot size: 484

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 2 Length of lines 100

Width of ditches 3 ft. Depth of ditches 19.24 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 4-19-01