

03-5-5943

HARNETT COUNTY HEALTH DEPARTMENT

No 19689

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) SHAW CONSTRUCTION [X] New Installation [X] Septic Tank
Property Location: SR# 210 [] Repairs [X] Nitrification Line

Subdivision ELIZABETH GARDENS Lot # 8

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .49AC

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] Public [] Community

Distance From Well: 100 ft.

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

Type of system: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 20 in.

French Drain Required: _____ Linear feet

Date: 12/4/02

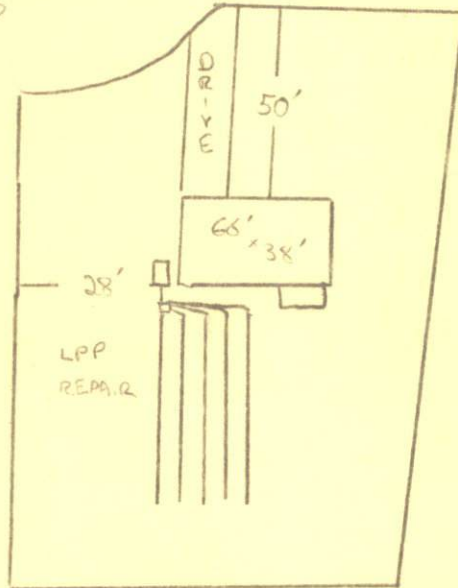
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] Environmental Health Specialist

ELIZABETH CT

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



97'

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 # 19689. 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.*

SHAW CONST. 910-483-2904
Name Telephone #
1248 B. L. SHAW RD SPRING LAKE NC 28390
Address
Hwy 210
Property Location SR# Road Name
ELIZABETH GARDENS 8 3 49AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 60 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.

[Signature] 12/4/02
Signature of Authorized Agent for Harnett County Date