

03-5-7462

HARNETT COUNTY HEALTH DEPARTMENT

No 20100

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 CO. INC. [X] New Installation [X] Septic Tank
Property Location: SR# NC210 [ ] Repairs [X] Nitrification Line

Subdivision ELIZABETH GARDENS Lot # 7

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .54 AC

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 18-20 in.

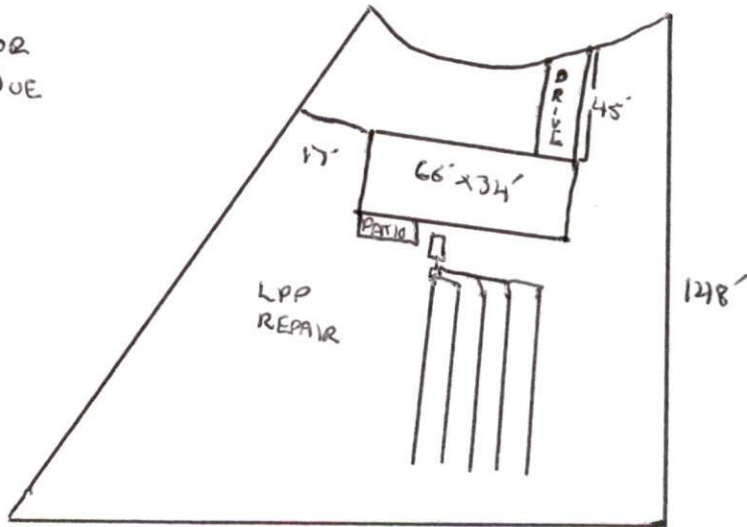
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/18/03
Signed: [Signature] RS (OLIVER TOLKSOFF)
Environmental Health Specialist

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

- \*MAINTAIN ALL SETBACKS
\*MEET ON SITE PRIOR TO INSTALLATION DUE TO FILL ON LOT

DRAWING NTS



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 # 20100. 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 CONSTRUCTION CO. 893-4322  
Name Telephone#

1248 BILL SHAW RD SPRING LAKE NC 28390  
Address

NC210  
Property Location SR# Road Name

ELIZABETH GARDENS 7 3 .54 AC  
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 Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**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 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] RS 7/18/03  
Signature of Authorized Agent for Harnett County of Harnett Date