

00-40000260

II... ROVEMENT PERM..

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 A Partnership New Installation Septic Tank
Property Location: SR# Hwy 210 Repairs Nitrification Line

Subdivision Elizabeth Gardens Lot # 20

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

This permit replaces permit # 17881

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

Type of system: Conventional Other _____

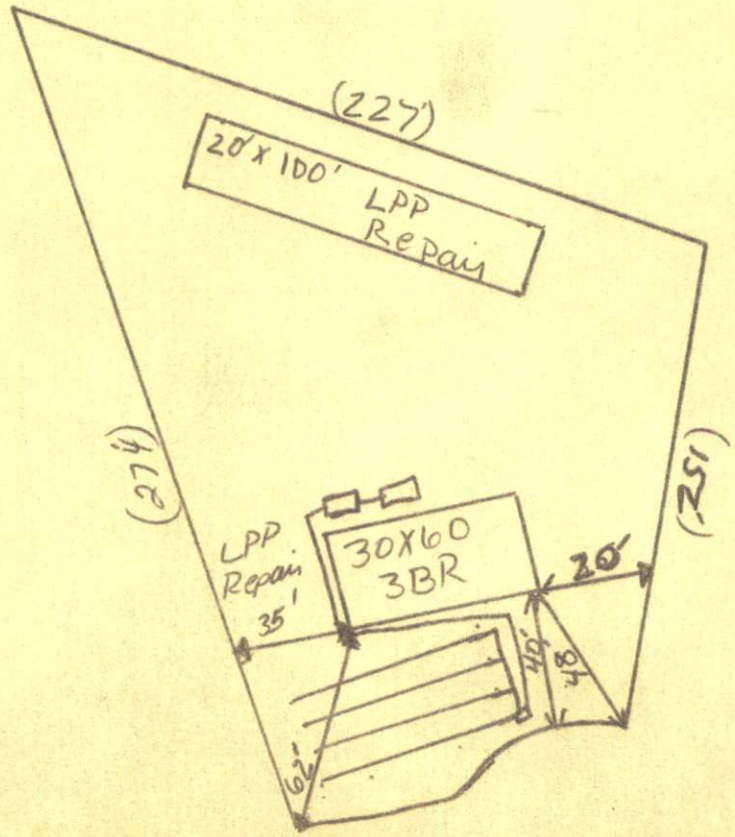
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of 4 exact length 60 width of 3 depth of 36 inches
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 05 MAY 2000
Signed: Vernest R. Dodger S.
Environmental Health Specialist

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



*Filter required.
Build home as far to right as possible to accommodate for future repair.*

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HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

This A/C replaces permit # 17881

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17886. 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 _____

Name: Shaw A Partnership Telephone # 483-2904

Address: 1248 Bill Shaw Rd. Spring Lake, NC

Property Location: SR # Hwy 210 Road Name Hwy 210

New Installation Repair Septic Tank Nitrification Lines

Subdivision Elizabeth Gardens Lot # 20

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 60 feet

Width of ditches 3 ft. Depth of ditches 36 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: Verneth D. Doope Date: 05 May 2000