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HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 16729

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) MAK Development New Installation Septic Tank
Property Location: SR# 27 East Repairs Nitrification Line

Subdivision Arbor Crest Lot # 15

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: .89 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other Polystyrene Aggregate Trench System ENW-95-3R

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

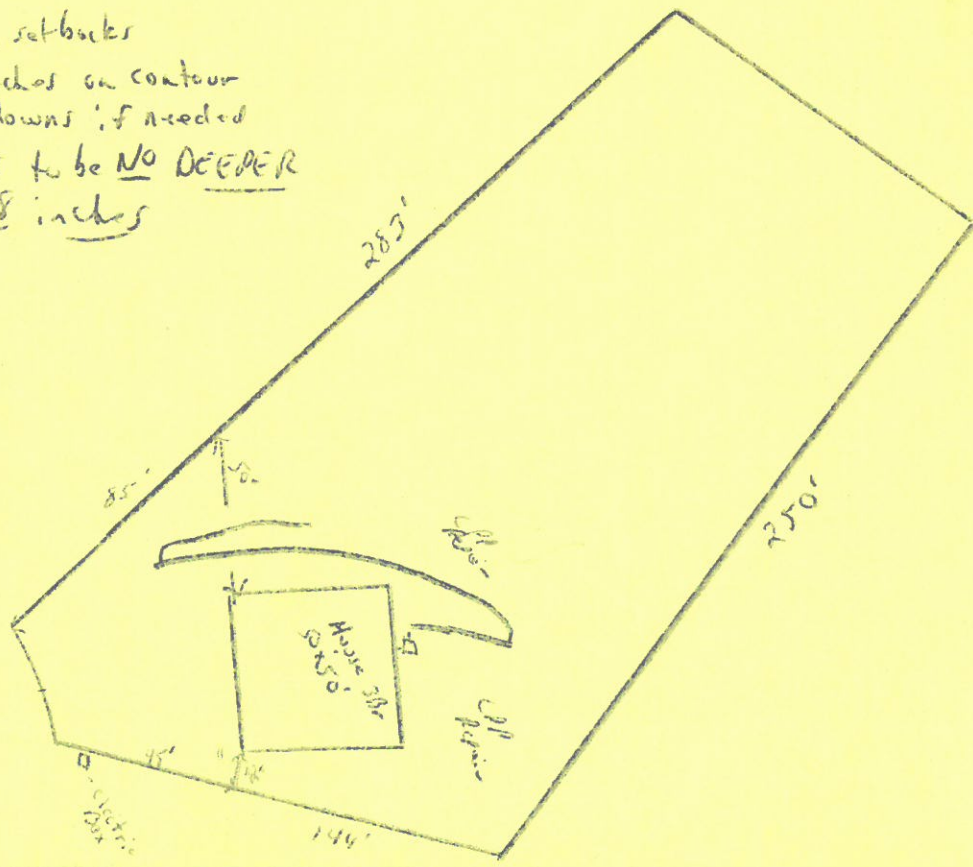
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 225 ft. width of ditches 3 ft. depth of ditches 18 in. MAK

French Drain Required: _____ Linear feet

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

Date: 11/21/2000
Signed: Bryan McSwain P.E.
Environmental Health Specialist

- * Maintain setbacks
- * Run Ditches on contour
- use stepdowns if needed
- * Ditches to be NO DEEPER Than 18 inches



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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 # 16729. 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: MAK Development Telephone # 639-8880

Address: 1281 Jackson King Rd. Willow Springs NC 27592

Property Location: SR # 27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Arbour Crest Lot # 15

Number of Bedrooms Proposed: 3 Lot size: .89

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other Polystyrene Aggregate Trench System EWS-95.3e

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 225 ft.

Width of ditches 3 ft. Depth of ditches 18 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: Greg M. Lewis L.S. Date: 11/21/2000