

03-5-5784

HARNETT COUNTY HEALTH DEPARTMENT

No 19682

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) MGM BUILDERS LLC☒ New Installation ☒ Septic TankProperty Location: SR# HW127☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .803 ACBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 100 ft.

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

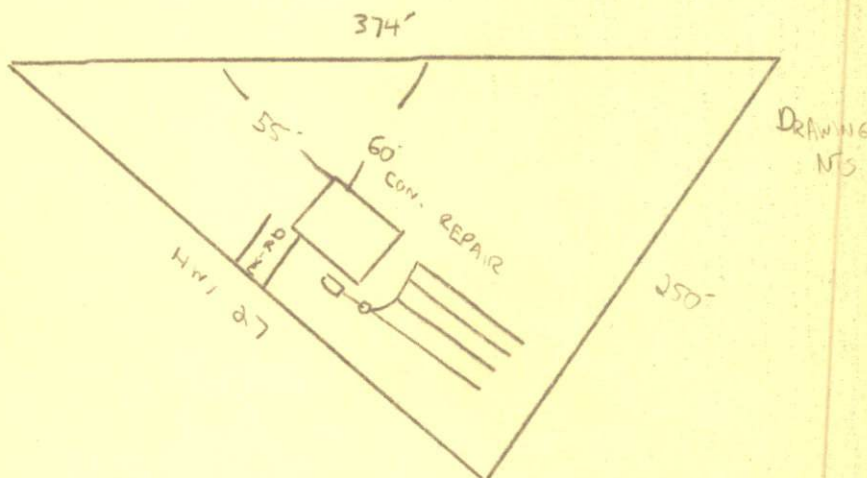
Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 50 ft. ditches 3 ft. ditches 20 in.

French Drain Required: _____ Linear feet

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

Date: 11/13/02Signed: (Signature)
Environmental Health Specialist

* MAINTAIN ALL SERVICES
* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION



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 # 19682. 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.*

Name MGM BUILDERS INC Telephone # 910-591-9402
Address 1948 NC27W LILLINGTON NC 27546
Property Location SR# Hwy 27W Road Name _____
Subdivision _____ Lot # 3 # Bedrooms Proposed 3 Lot size .803 AC

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 4 Length of lines 50 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 of Authorized Agent for Harnett County

11/13/02
Date