

# 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) MAK Development

New Installation  Septic Tank

Property Location: SR# NC 27

Repairs  Nitrification Line

Subdivision Airbor Crest

Lot # 5

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3

Lot Size: \_\_\_\_\_

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 \_\_\_\_\_

Size of tank:

Septic Tank: 1000 gallons

Pump Tank: \_\_\_\_\_ gallons

Subsurface  
Drainage Field

No. of

ditches 2

exact length

of each ditch 150 ft.

width of

ditches 3 ft.

depth of

ditches 18-24 in.

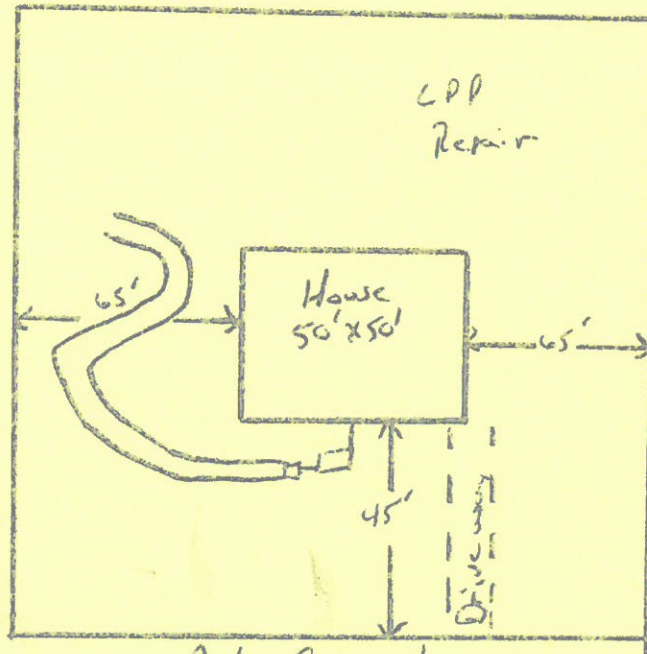
French Drain Required: \_\_\_\_\_ Linear feet

Date: 12/17/98

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

Signed: Bryna McSwain R.S.  
Environmental Health Specialist

\*Maintain all required setbacks



Airbor Crest Ln.

**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 # 14497. 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  
919-639-2011

Address: 1281 Jackson King Dr. Willow Springs

Property Location: SR # NC27 Road Name Arbor Crest Ln

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision Arbor Crest Lot # 5

Number of Bedrooms Proposed: 3 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 \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 2 Length of lines 150 ft.

Width of ditches 3 ft. Depth of ditches 18-24 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: Boyer McSwain P.S. Date: 10/7/98