HARNETT DUNTY HEALTH DEPARTMENT Nº 14376 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 Dev. Co. L.L.C. Dew Installation Septic Tank
Property Location: SR# //C 2 7
Subdivision Arbon Crest Lot # 2
Tax ID # Quadrant # Quadrant #
Number of Bedrooms Proposed: Three Lot Size: 9. 58 Acre
Basement with Plumbing: Garage:
Water Supply:
Distance From Well: 50 ft. minimum
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Other Other
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface No. of depth of subsurface of each ditches ft. depth of subsurface of each
French Drain Required: Linear feet
Date: 30, Sune 40
This permit is subject to revocation if site Signed: Si
plans or intended use change. 110 Environmental Health Specialist
X Maintain Setbacks
* No traffic on system
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HARNETT COUNTY HEALTH DEPARTMENT AUTH RIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 14376 . 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 MHK ____ Telephone # ____ Address: 72 Overlook Ct. Angier, NC 27501 Property Location: SR# NC 2-7 Road Name NC 2-7 Repair _____ Septic Tank ____ Nitrification Lines ____ New Installation Arbon Crest Lot#____ Number of Bedrooms Proposed: Three Lot size: 8.58 Acre 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** 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 erelet Dodyc Date: 30 June 9 (Revised 2/96) CNSTRCT. WPD