

# 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 Arbroc Crest Lot # 14

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 Polystyrene Aggregate Trench System I NWS-95-3R

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in. <sup>MAX</sup>

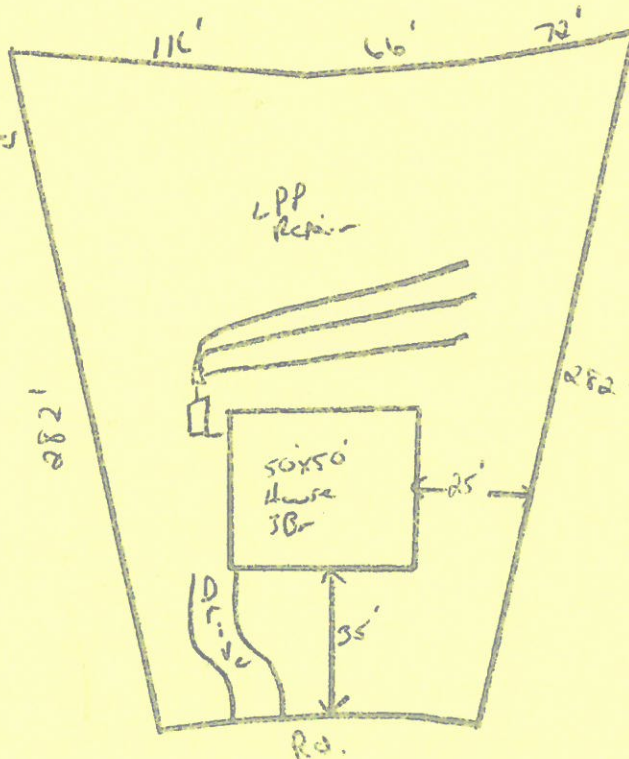
French Drain Required: \_\_\_\_\_ Linear feet

Date: 1/19/99

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

Signed: Bryan McSwain R.S.  
 Environmental Health Specialist

- \* Maintain all required setbacks
- \* Keep ditches at 18 inches
- \* Keep house as close to road as possible
- \* Risers & filter will be needed



**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 # 16102. 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 # 634-8880

Address: 1281 Jackson King Rd. Willow Springs

Property Location: SR # 27 Road Name \_\_\_\_\_

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision Arbor Crest Lot # 14

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  Polystyrene Aggregate Trench System FWS-95-3 R

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 3 Length of lines 80 ft

Width of ditches 3 ft. Depth of ditches 18 inches <sup>MAX</sup>

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: Bryan McJinn R. J. Date: 1/19/99