

## 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) Tanya McAnky / Maurice Murchison ☒ New Installation ☒ Septic Tank  
Property Location: SR# 1294 M<sup>c</sup>Donnell ☐ Repairs ☒ Nitrification Line

Subdivision Caraya McAnky Lot # —

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

Number of Bedrooms Proposed: 3 (60x50) Lot Size: 1.96 ac

Basement with Plumbing: ☐ Garage: ☐ must use filter & marker

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 4

exact length  
of each ditch 100 ft.

width of  
ditches 3 ft.

depth of  
ditches 18<sup>max</sup> in.

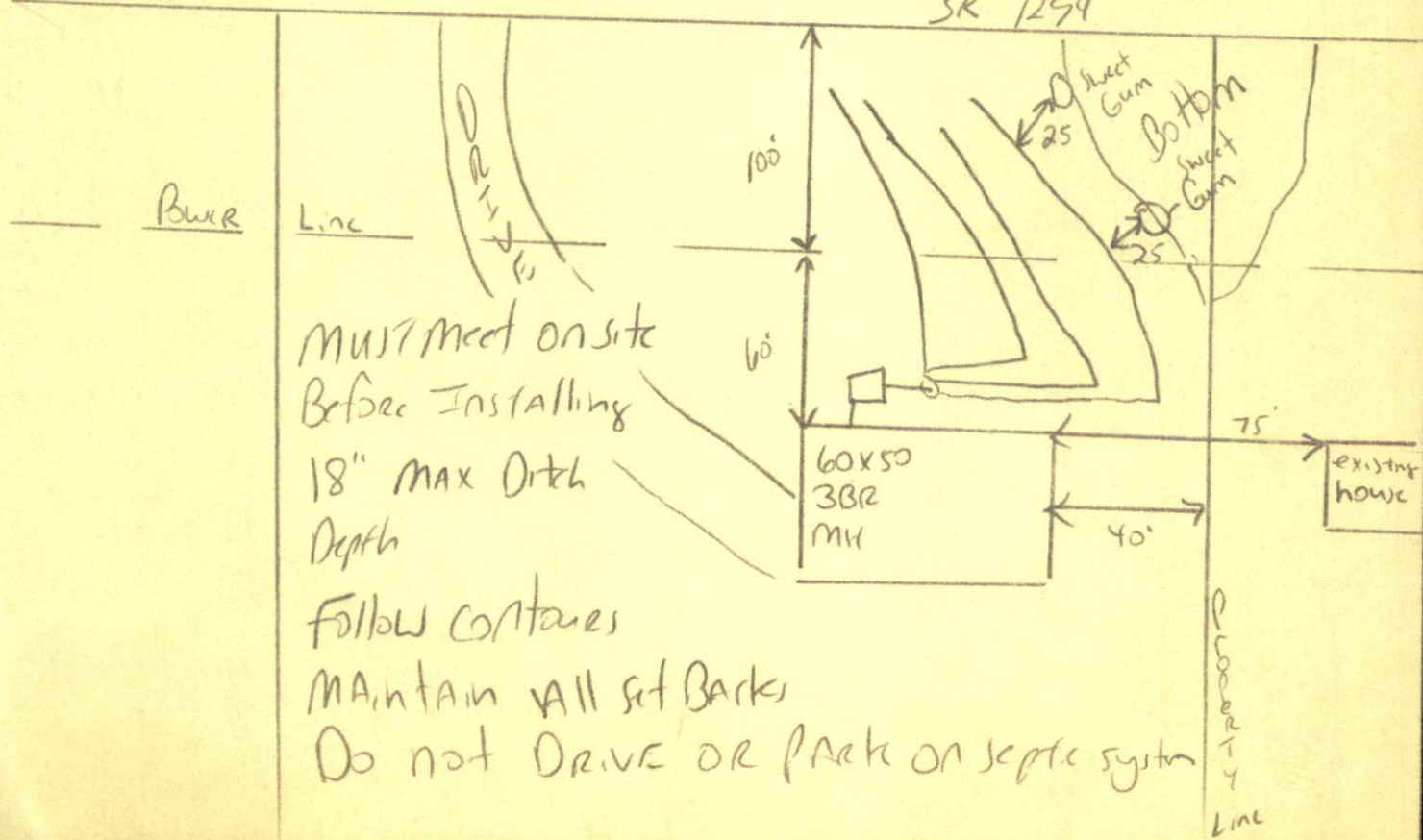
French Drain Required: \_\_\_\_\_ Linear feet

Date: 8-3-99

Signed: Joe West

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

Environmental Health Specialist





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 # 16271. 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 TARNGA McALEY / MAURICE MURCHISON

Name: \_\_\_\_\_ Telephone # 499-6220

Address: \_\_\_\_\_ 779-8800  
283

Property Location: SR # 1294 Road Name \_\_\_\_\_

New Installation X Repair \_\_\_\_\_ Septic Tank X Nitrification Lines X

Subdivision TARNGA McALEY Lot # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (6x50) Lot size: 1.96 AC

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public X Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional X Other \_\_\_\_\_

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

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 MAX 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: [Signature] Date: ~~5-8-99~~ 8-3-99