

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 Arbor Crest Lot # 4

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 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

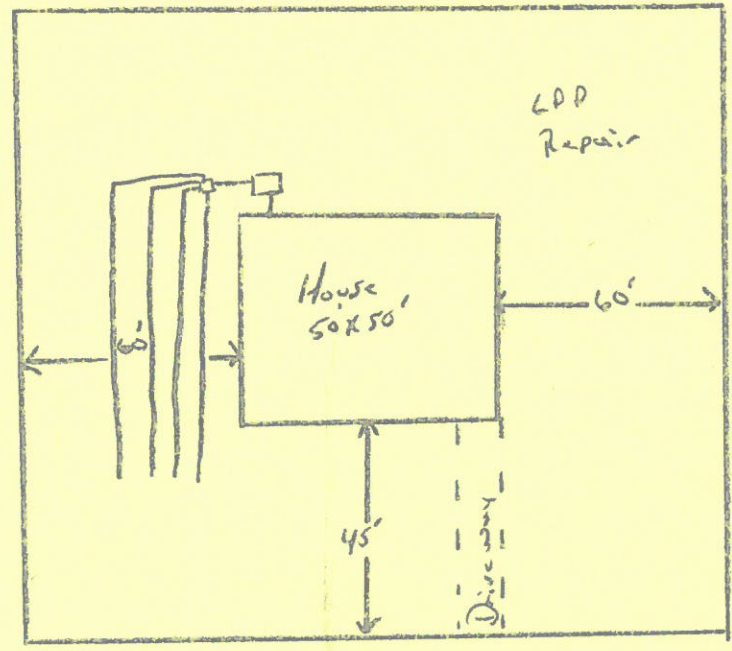
French Drain Required: _____ Linear feet

Date: 10/17/98

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



Arbor 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 # 14496. 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
919-639-2411

Address: 1281 Jackson King Rd. Willow Springs

Property Location: SR# NC 27 Road Name Arbor Crest Ln

New Installation Repair _____ Septic Tank Nitrification Lines _____

Subdivision Arbor Crest Lot # 4

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 4 Length of lines 75 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: Bryan M. Swain R.S. Date: 10/7/98