

# 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# 27

Repairs

Nitrification Line

Subdivision Arbor Crest Lot # 28

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

Number of Bedrooms Proposed: 3 Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 mi. ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system:  Conventional  Other Poly Styrene Aggregate Trench System I WWS-95-3R

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 12-18 in.

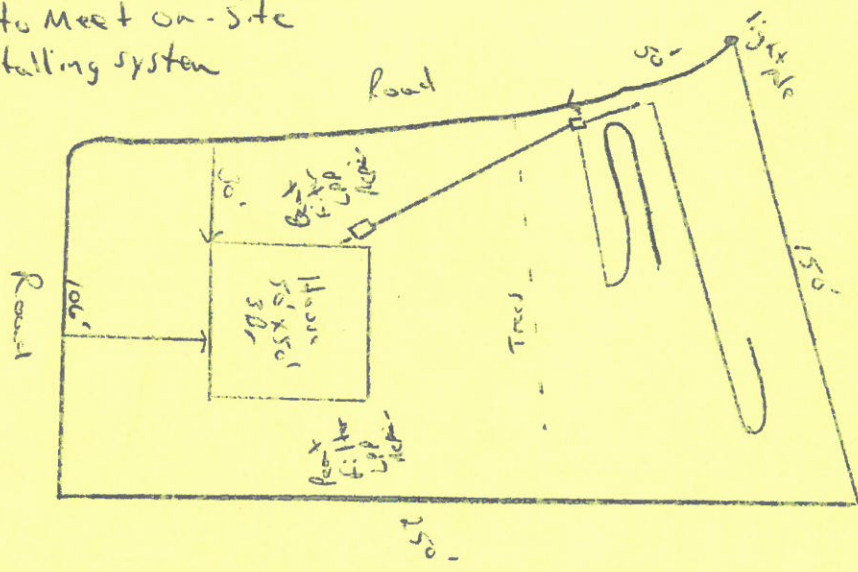
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/24/2000

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

Signed: Bryan M. Jwin R. S.  
Environmental Health Specialist

- \* Maintain setbacks
- \* Run ditches on contour
- \* 1st Ditch to go in at 12 inches - Need 6" of cover
- \* 2nd Ditch to go in at 18 inches
- \* Contractor to meet on-site prior to installing system
- \* Set D-Box 50 ft. from Light Pole



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 # 17523. 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

Address: 1281

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

New Installation  Repair  Septic Tank  Nitrification Lines

Subdivision Arbor Crest Lot # 28

Number of Bedrooms Proposed: 3 Lot size: .70 Ac

Basement  With Plumbing  Without Plumbing

Water Supply: Well  Public  Minimum Well Setback: 50 ft.

Type of System: Conventional  Other Poly styrene Aggregate Trench System FWS-957R

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 12-18 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 McSwain P.E. Date: 7/24/2000