HAR T COUNTY HEALTH DEPARTM T

IMPROVEMENT PERMIT

Nº 16541

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion of any building at which a septic tank system is to be used for disposal of sewage without first obtained the Harnett County, Health Department."	ining a written permit
Name: (owner) Brooks O Quinn New Installation	Septic Tank
Property Location: SR# 264 Brown R Repairs	Nitrification Line
Da and the	
Subdivision RAVENS book Lot #_	
Tax ID # Quadrant #	
Number of Bedrooms Proposed: 3 (3) Afr 52 Quadrant #	
Basement with Plumbing: Garage: Mus7 use filter	Sept. (Tank
Water Supply: Well Public Community MMk	
Distance From Well: 50 ft. NOTE Change In house 1	
Following is the minimum specifications for sewage disposal system on above captioned propfinal approval.	perty. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons Pump Tank: gallon	S
Subsurface No. of exact length width of depth of each ditch of each ditch of each ditches ft. ditches	of
French Drain Required: Linear feet	
Date: 11-5-59	
This permit is subject to revocation if site Signed:	
plans or intended use change. Environmental Health S	Specialist
5 14 10 100	
P1201 45'	
LIN E	70'
30 X100	1,,,,,
	Rypin Is
3BR gunt	
140' auxsz	
PRIVE	
15'	
Meet onsite Before des	
Installing 18-24" Ditch Depths	
00 1	
Maintain All Set Backs Ch	1 Ange In house
Note house Must Be 140' faon Front Property Line 5,20	TANK In house ok JHW
24x52),,,,

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 # 1654/ ... 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 BROOKS O'Quinn Name: ______ Telephone # _____ Property Location: SR # 1264 Road Name Brown Road New Installation _____ Repair ____ Septic Tank _____ Nitrification Lines _____ Subdivision Ravensbrack Lot# 9 Number of Bedrooms Proposed: 3(30×60) Lot size: __e 65A C Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: _____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines ______ Width of ditches _____ ft. Depth of ditches _____ 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 (Revised 2/96) CNSTRCT.WPD