

# IMPROVEMENT PERMIT

03-5-6332

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) David O Quinn  New Installation  Septic Tank  
 Property Location: SR# 1280 McArthur M  Repairs  Nitrification Line

Subdivision Ralph H. H. H. H. Lot # 2

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

Number of Bedrooms Proposed: 3 (32 x 64) Lot Size: 6.5 Acres

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 100 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: 000 gallons Pump Tank: \_\_\_\_\_ gallons

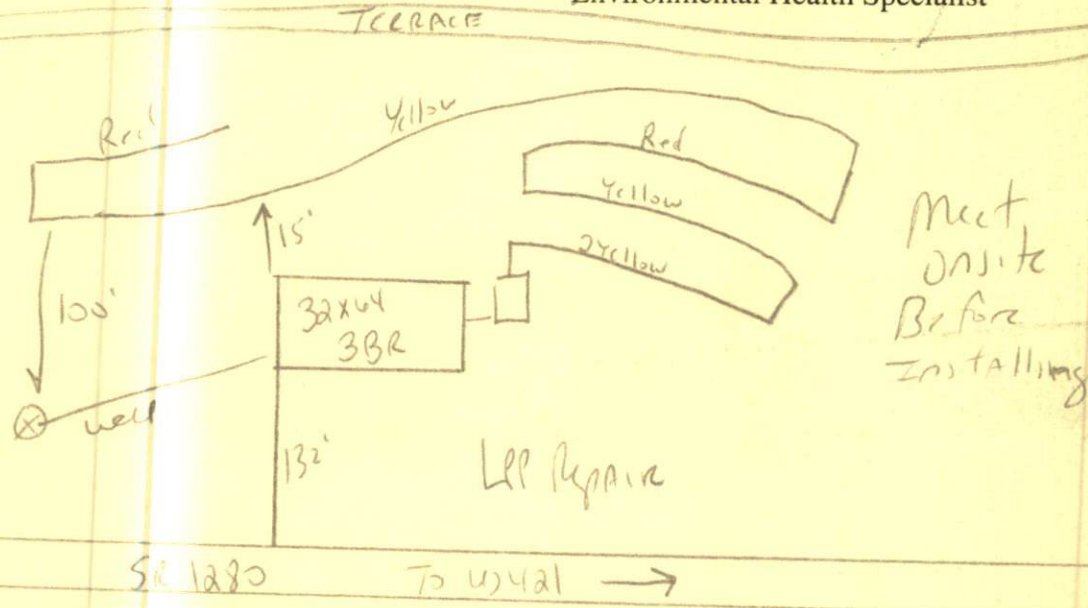
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 500 ft. width of ditches 3 ft. depth of ditches 18 in. <sup>MAX</sup>

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

Date: 01-29-03

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

Signed: Joe W. H. H.  
 Environmental Health Specialist



STUB out Plumbing shallow where shown  
 18" MAX Ditch Depth  
 MAINTAIN All set Backs  
 DO NOT MAKE REPAIRS on septic system

NOTE Well must Be 100' from any part of septic system

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 # 19235. 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.

David O Quinn  
Name

919 498-6302  
Telephone#

Address

1280

Property Location SR#

Road Name

Ralph Hargraves  
Subdivision

2  
Lot #

3(32x64)  
# Bedrooms Proposed

6.5 AC  
Lot Size

**TYPE OF SYSTEM**

New Installation    Repair    Septic Tank    Nitrification Lines

Conventional    Other \_\_\_\_\_

Basement    With Plumbing    Without Plumbing

Water Supply:  Well    Public Water Supply   Minimum Well Setback: 100 Ft.

Septic Tank \_\_\_\_\_ Pump Chamber \_\_\_\_\_

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 500 Ft.

Width of ditches 3 ft. Depth of ditches 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.

[Signature]  
Signature of Authorized Agent for Harnett County of Harnett

01-024-03  
Date