Harnett County Department of Public Health

Improvement Permit

w salising permit comm	PROPERTY LOCATION: 435 Ballard road (52, 1437)
155UED TO: Jeffrey & Lynda Gardner	SUBDIVISION LOT #
NEW REPAIR LEXPANSION L	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: 4-Bedroom 70'x41' STD	
Proposed Wastewater System Type: 25% reduction 52.	Z
Projected Daily Flow: 486 GPD	
	max
Basement Yes No	
Pump Required: Yes No May be required based on final loc	
Type of Water Supply: Community Public Well Distance	
Permit conditions:	No expiration
Authorized State Agent:	Date: 11/25/2019 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other	permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement P the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the case and notes for senage meaning and original to conditions of this permit.	
Constru	action Authorization
	uired for Building Permit) 1958. and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.	
155UED TO: Jeffrey & Lynda Gardner	PROPERTY LOCATION: 435 Ballard Road (Sn 1437)
	SUBDIVISIONLOT #
Facility Type: 482 40'x41'55	
	□ No
Type of Wastewater System** 25% ned veti:	(Initial) Wastewater Flow: 480 GPD
(See note below, if applicable)	
25% reduction 5754	(Repair)
Installation Requirements/Conditions Number of frenchi	es 4
Septic Tank Size 1000/1250 gallons Exact length of ea	ach trench <u>90</u> feet Trench Spacing: Feet on Center
Pump Tank Sizegallons Trenches shall be	installed on contour at a Soil Cover:inches
Maximum Trench	Depth of: 18 inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions)	,
Pump Requirements:ft. TDH vsGPM	NA inches below pipe
	Aggregate Depth: inches above pipe
Conditions: Gravity to D-Box Equal Distrib	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AN	IY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.	
** If and in the Lundaritand the system time specified is different from the	he type specified on the application. I accept the specifications of this permit.
in applicable. I understand the system type specified is different from the	the type specified on the application. I accept the specifications of this period.
Owner/Legal Representative Signature:	Date:
	hanges. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Se	
12-	2
Authorized State Agent:	Date: 11/25/2019
ANSAFEN CURRIA CONSTRU	uction Authorization Expiration Date: 11/25/2024
CONSTITUTION CASTALLA	action nationization Expiration vate.

Harnett County Department of Public Health Site Sketch

