IMPROVEMENT PERMIT 22258

	Harnett County Board of Health a at which a septic tank system is to b nty Health Department."		
Name: (owner) VAn Sto	ephen Murrary	New Installation	Septic Tank Repair
Property Location: SR#_	1437 Ballard Ld.	Nitrification Line	Expansion
Subdivision Strusberry	Fields		_ Lot # _ (_
Tax ID#	posed: 3 (360 gpd)	Quadr	ant #
Number of Bedrooms Proj	posed: Scogpaj	Lot Size:	,65.40
Basement with Plumbing:			
	Public Commu	inity	
Distance From Well:	m specifications for sewage d	isnosal system on above	cantioned property.
Subject to final approva	1		
Type of system:	onventional \square Other 25%	la Reduction Syste	-
-,,,,			
Size of tank: Septic Tank:	/000 gallons Pum	p Tank: gal	lons
Subsurface No. of	exact length ft. of each ditch _/	width of	depth of
Drainage Field ditches	ft. of each ditch	ft. ditches	ft. ditches // in.
French Drain Required: _	Linear feet	, ,	
Trenen Diam Required	Emear rect	Date: 10/4/2	005
This permit is subject to	revocation if site		YEARS FROM ABOVE DATE
plans or intended use ch	ange.		^
	163'	Signed : Environ	mental Health Specialist
		* Mai	nation all required setbacks and teles on contour
13 ¹	25% Reduka	1204	2 <u>PEEPE</u> R than 18 inches
	Howe 38- 27 K48' 30'	///	
	TAYES TEGEN OF 102		

HARNETT JNTY DEPARTMENT OF PU C HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.				
Name 919557/389 Telephone #				
Address Shadow Valley Rd. Hlly Springs, N.C. 27540				
Property Location SR# Ballard Ld. Road Name				
Subdivision Lot # Bedrooms Proposed Lot Size				
TYPE OF SYSTEM				
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines				
[] Conventional [Hother 25 to Reduction System				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.				
Septic Tank gal Pump Chamber gal				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields# of lines per field Length of lines/O\\Ft.				
Width of ditches ft. Depth of ditches /8 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.				
B MS. 05				
Signature of Authorized Agent for Harnett County Date				