HTE# 04-50016925R

IMPROVEMENT PERMIT 22468

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) WILSON BUILT HOMES New Installation Septic Tank Repair Property Location: SR# 1437 BALLACO RO Nitrification Line Expansion Subdivision BALLARD WOODS Lot # "フ Tax ID# Ouadrant # Number of Bedrooms Proposed: 3 (360 00) Lot Size: 154 × 163 Basement with Plumbing: Garage: Water Supply: Well Public ☐ Community Distance From Well: 100 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: \(\square\) Conventional \(\square\) Other Pume To 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 ft. of each ditch 100 ft. ditches 3 ft. Drainage Field ditches \R in. French Drain Required: Linear feet This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. MMAINTAIN ALL SETBACKS * AN AERIAL CROSSING WILL BE REQUIRED RS (OLIVER TOLKSDORF) Signed: OVER THE STREAM Environmental Health Specialist # MITH ANY QUESTIONS PRIOR TO INSTALLATION 174 SEPTICA EASEMENT 142 LDF 163 140

103'

278

HARNET OUNTY DEPARTMENT OF 1 3LIC 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 # 22468 . 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 Puis Homes 919-422-3318
POBOX 6127 RALIEGH NC 2750
Address Address
Property Location SR# BALLACO RO
Road Name
BALLAGO WOODS 77 3 (360a) 154x163 Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional My Other Pump To 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Seden 1
Septic Tank 1000 gal Pump Chamber 1000 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field # Length of lines per field #
Width of ditches ft. Depth of ditches inches Ft.
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 Provided Research
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.
Signature of Authorized Agent for Harnest County
Date