## HARNETT COUNTY HEALTH DEPARTMENT

## HTE 0550011129

## IMPROVEMENT PERMIT

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

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tion 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." Built Homes New Installation Deptic Tank Name: (owner) WILSON Property Location: SR# 1437 BALLARO RO Repairs Nitrification Line BALLARO WOODS Subdivision \_Lot# 25 Tax ID# Ouadrant # Lot Size: 152 × 300 3 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well N Public ☐ Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOTHER 25% REDUCTION SYSTEM Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of ditches \ of each ditch 260 Drainage Field ditches 3 ft. ft. ditches in. SIDE Linear feet French Drain Required: Date: This permit is subject to revocation if site RS (OLIVER TOLKSDOEF Signed: plans or intended use change. Environmental Health Specialist 300 PRAWING LPP REPAIR > NIS 60 231 152 \* MAINTAIN ALL SETBACKS 40 \*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

## HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # _ 2   65   . 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.
WILSON BUILT HOMES 919-422-3318
Name Telephone #
•
PO BOX 6127 RALEIGH NC 27628 Address
Property Location SR#  BALLARO RO
Property Location SR# Road Name
BALLAED WOODS 25 3 152'x300'
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[] Conventional MOther 25% 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 \$\frac{240}{} Ft.
Width of ditches ft. Depth of ditches \( \frac{26}{} \) 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.
1/21/05
Signature of Authorized Agent for Harnett County  Date