HAR TTT COUNTY HEALTH DEPARTM NT

HTE 05-5-1/696 F

IMPROVEMENT PERMI

21952

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) Helly Ridge Homer
Property Location: SR# 1437 Balland Rd. New Installation Septic Tank Repairs Nitrification Line Subdivision BAllard Woods ____ Lot # 37 Quadrant # Tax ID # Garage: Basement with Plumbing: ☐ Well Public ☐ Community Water Supply: 50~~ ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 25 % Reduction System Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: depth of No. of exact length width of Subsurface of each ditch 80 ft. ditches 18-22 in. ditches 3 Drainage Field ditches Linear feet French Drain Required: Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist *Maintainall retbacks X lon ditcher on contour 218 T 80

Road

HARNETT COUNTY DEPARTMENT OF PUPLIC HEALTH AU . HORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 2 1952. 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 75.05 175.00 175.0
Name Ally Nidge Homes 919 454-4297 Telephone # Address
Property Location SR# Road Name
Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair
[] Conventional [] Other 25% Reduct a System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tankgal Pump Chambergal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields / # of lines per field / Length of lines & O Ft.
Width of ditches ft. Depth of ditches 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 of Authorized Agent for Harnett County
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