HTE#06-50014212

IMPROVEMENT PERMIT 22845

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) HAMPTON CUSTOM BUILDERS	New Install	ation Septic Tank Repair
Property Location: SR# 1437 Ballaco Ro		ication Line 🔀 Expansion 🗖
Subdivision BALLARD WOODS		Lot # \ \ \
Tay ID#		Quadrant #
Number of Bedrooms Proposed: 3 (360ged)	L	ot Size:
Basement with Plumbing: Garage:		
Water Supply: Well Public Commun	nity	
Distance From Well: ft.		
Following is the minimum specifications for sewage di	sposal syste	m on above captioned property.
Subject to final approval.	0	S
Type of system: \square Conventional \boxtimes Other 25%	REDUCTION	N DYSTEM
Size of tank: Septic Tank: 1000 gallons Pump	p Tank:	gallons
Subsurface No. of exact length	wi	idth of depth of s
Drainage Field ditches \ ft. of each ditch \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
French Drain Required:Linear feet	D . II	1, 1, ,
This way wit is subject to very costion if site	Date: 4	EXPIRES 5 YEARS FROM ABOVE DATE
This permit is subject to revocation if site plans or intended use change.	PERMIT	EAPIRES STEARS FROM ABOVE DATE
plans of intended use change.		
	Signed:	BOOCKLOT SIEVER TOLKSOOF
* MAINTAIN ALL S	ETBACKS	Environmental Health Specialist
		25% REDUCTION
*CALL WITH ANY PRIOR TO INSTAL	10000	REPAIXL AREA
	347'	285′
		56'×27'
		R II'>
		1 / 1
		E 40'
		V

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 23845. 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.		
Handan Costan Burneras		
HAMPTON CUSTOM BUILDERS 919-524-2915 Name Telephone #		
PO BOX 655 HOLLY SPRINGS NC 27540 Address		
Property Location SR# Ballaco Ro Road Name		
BALLARZO WOODS 17 3(360) .67AC Subdivision Lot # Bedrooms Proposed Lot Size		
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: 100 Ft.		
Septic Tank gal Pump Chamber gal		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field \ Length of lines _300 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		