HTE#06-5-15273

IMPROVEMENT PERMIT 23170

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) HAMOSON CUSSOM BULLOGES New Installation Septic Tank Repair Property Location: SR# 1437 BALLES & Nitrification Line Expansion

Output

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Description: SR# 1437 BALL Subdivision BALLARD WOODS Lot # 65 Quadrant # Tax ID# Number of Bedrooms Proposed: 3 (360 web) Lot Size: .57AC Basement with Plumbing: Garage: Water Supply: Well M Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other Pump To 25% REDUCTION SYSTEM Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: 1600 gallons Subsurface No. of exact length width of depth of 1 1. of each ditch 225 ft. ditches 3 ft. ditches 24 Drainage Field ditches French Drain Required: Linear feet Date: This permit is subject to revocation if site PERMIT-EXPIRES 5 YEARS FROM ABOVE DATE plans or intended use change. RS (OLIVER TOLKSDORF) Signed: Environmental Health Specialist * FINAL SYSTEM LAYOUT TO BE DETERMINED AFTER Lot IS CLEARED LPP 201 REPAIR ARRA × 60

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HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Harnett County Department of Public Health, Improvement Permit # | |
|---|---------------------------------|
| authorization shall be valid for a period not to exceed five (5) | vears from the date of issuance |
| This authorization will be invalid if ownership, site plans, or | intended use change. |
| HAMPTON CUSTOM BUILDERS | 919-524-2915 |
| Name | Telephone # |
| PO BOX 655 HOLLY SPRINGS NC | 27540 |
| Property Location SR# | ALLARO RO |
| | reductionic |
| BALLARZO WOODS 65 3 (360 GO) Subdivision Lot # Bedrooms Proposed | .57AC |
| Subdivision Lot # # Bedrooms Proposed | Lot Size |
| TYPE OF SYSTEM | |
| New Installation [] Repair Septic Tank | Nitrification Lines |
| [] Conventional PLOTHER PUMP TO 25% REDUCTION SYSTEM | |
| [] Basement [] With Plumbing [] Without Plumbing | |
| Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft. | |
| Septic Tank 1000 gal Pump Chamber 1 | gal |
| NITRIFICATION FIELD SPECIFICATIONS | |
| Number of fields# of lines per field Le | ength of lines 2.25 Ft. |
| 3 | ches |
| French Drain: Linear feet required Depth of gravel | |
| | |
| No wastewater system shall be govered or placed into an 1 | |
| 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. | |
| | |
| Malled alled | |
| SO (MWM) 63 | 7 31 706 |
| Signature of Authorized Agent for Harnett County | Date |