HARNETT COUNTY HEALTH DEPARTMENT

HTE# \$06-5-5275

IMPROVEMENT PERMIT 23166

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) Hameton Custom Buildes New Installation & Septic Tank Repair Property Location: SR# BALLARO & Ro Nitrification Line 🗵 Expansion 🗖 Subdivision BALLARO WOODS Lot # 69 Tax ID# Number of Bedrooms Proposed: 3 (360,00) Basement with Plumbing: Garage: A Dublic Public ☐ Community Water Supply: Well Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system:

Conventional Other 25% REDUCTION SYSTEM Pump Tank: _____ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 4 ft. of each ditch 75 ft. ditches 3 ft. ditches 18-20 in. Drainage Field French Drain Required: Linear feet EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. RS (OLIVER TOLKSDOF Signed: Environmental Health Specialist *MAINTAIN ALL SETBACKS 146 * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION PUMP INNOV. REPA KZ MREA aœ′ 36

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 #	
HAMPTON CUSTOM BUILDERS	919-524-2915
Name	Telephone #
PO BOX 655 HOLLY SPRINGS NC 27540 Address	
BALLA	20 Rs
Property Location SR# Ro	ad Name
BALARIA WOODS 69 3(360 46) Subdivision Lot # # Bedrooms Proposed	.57ac
Subdivision Lot # # Bedrooms Proposed	Lot Size
TYPE OF SYSTEM	
New Installation [] Repair Septic Tank Nitrific	cation Lines
[] Conventional MOther 25% REDUCTION SYSTEM	_
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: KO Ft.	
Septic Tank VOOO gal Pump Chamber	gal
NITRIFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length o	f lines 75 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.	
25	7/28/06
Signature of Authorized Agent for Hagnett County	Date