HTE# 13-5-3/060

Harnett County Department of Public Health

Improvement Permit

27376

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 5x437 Balland RD ISSUED TO: Combedand Homes For SUBDIVISION Balland Woods NEW 🗹 Site Improvements required prior to Construction Authorization Issuance: EXPANSION Type of Structure: _ Proposed Wastewater System Type: 360 GPD Projected Daily Flow: ____ Number of Occupants: ____ Number of bedrooms: ___ Basement □Yes ☐ May_be required based on final location and elevations of facilities Pump Required: ☐Yes ☐ No Five years Permit valid for: Type of Water Supply:

Community ☐ No expiration Permit conditions: _ Date: The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: Combelland Homes The PROPERTY LOCATION: 51437 Ballond RD SUBDIVISION BALLAND WOODS ☐ Expansion ☐ Repair Basement Fixtures?

Yes (Initial) Wastewater Flow: 360 GPD Type of Wastewater System** (See note below, if applicable □) Exact length of each trench VANG feet Installation Requirements/Conditions Septic Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: Pump Tank Size _____ gallons Maximum Trench Depth of: (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) nches below pipe Pump Requirements: ft. TDH vs. Aggregate Depth: _ Aggregate Depth: ______ inches above pipe WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: / understand the system type specified is different from the type specified on the application. / accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH = E Marshant Date: Authorized State Agent:

Construction Authorization Expiration Date: ___

HTE#	13-5	- 31060	

Permit # 27376

Harnett County Department of Public Health Site Sketch

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ISSUED TO: Curbailand Homes Tax SUBDIVISION Ballond Woods	LOT # 152_
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Authorized State Agent: Date: 5-14-1)
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