03-5-5664

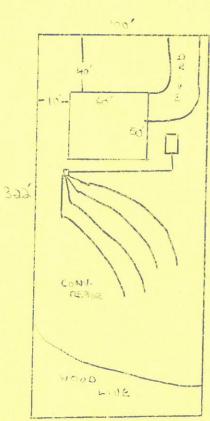
HARNETT COUNTY HEALTH DEPARTM NT

Nº 19669

IMPROVEMENT PERMIT

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) BALLAGO WOODS LLC Property Location: SR# 1437 BALLAGO RO Repairs New Installation Repairs Nitrification Li Subdivision BALLAGO WOODS Lot # 11 Tax ID # Quadrant # Number of Bedrooms Proposed: Garage: Water Supply: Well Public Community 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 Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length of each ditch ft. ditches ft
Property Location: SR# 1437 BALLAGO Ro Repairs Nitrification Line Subdivision Ballago Woods Lot #
Subdivision Bollows Proposed:
Number of Bedrooms Proposed:
Number of Bedrooms Proposed:
Number of Bedrooms Proposed:
Water Supply: Well Public Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch ft. ditches ft.
Water Supply:
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches
Type of system: Conventional Other Size of tank: Septic Tank: Gallons Pump Tank: gallons Subsurface No. of exact length of exact length of each ditches ft. ditc
Size of tank: Septic Tank: O gallons Pump Tank: gallons Subsurface No. of exact length of each ditches ft. ditches ft. ditches ft. ditches in. French Drain Required: Linear feet
Size of tank: Septic Tank: O gallons Pump Tank: gallons Subsurface No. of exact length of each ditches ft. ditches ft. ditches ft. ditches in. French Drain Required: Linear feet
Subsurface No. of exact length width of depth of ditches ft. ditches ft. depth of ditches in. French Drain Required: Linear feet
French Drain Required: Linear feet
Date: 10/16/02
This permit is subject to revocation if site
plans or intended use change. Signed: Environmental Health Specialist
+ MAINTAIN ALL SETBACKS 100° NTS
PRIOR TO INSTALLATION -10- 60' E



F NETT COUNTY HEALTH DEPARTMI AU AORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1969 . 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. 919-215-9861 Telephone # PO BOX 6127 RALEIGH NC 27628
Address Lot size TYPE OF SYSTEM New Installation [] Repair | Septic Tank | Nitrification Lines Conventional Other Basement | With Plumbing | Without Plumbing Water Supply: [] Well | Public - Minimum Well Setback: 100 Ft. NITRIFICATION FIELD SPECIFICATIONS Number of fields _____ # of lines per field _____ Length of lines ____ Ft. Width of ditches _____ ft. Depth of ditches ____ 24 __ 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