03-5-5667

IMPROVEMENT PERMIT

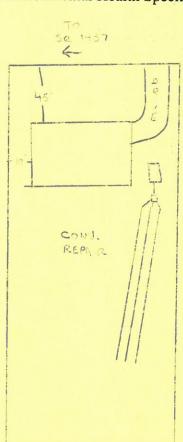
Nº 19670

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."

from the Harnett Cour	nty Health Department."	•		
Name: (owner)	BALLARD WOOD	LLC	New Installation	Septic Tank
Property Location:	SR# 1437 B	SOLLARD RO	_ Repairs	Nitrification Line
Subdivision B	ALLAGO WORDS		Lo	ot #\07
Tax ID #			Quadrant #	
Number of Bedroon	ns Proposed:3	I	Lot Size:	
	nbing:			
	Well Public			
Distance From Well	:ft.			
Following is the mini final approval.	mum specifications for	r sewage disposal sy	stem on above captioned	property. Subject to
Type of system:	Conventional	Other		
Size of tank:	Septic Tank: 1000	_ gallons P	Pump Tank: ga	illons
			width of ditches 3 ft. ditches	
	ed:			
This permit is subject plans or intended us	ect to revocation if sit se change.	Date: Signed: _	Environmental Hea	

+ MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION



H VETT COUNTY HEALTH DEPARTME AU AORIZATION TO CONSTRUCT

authorization sh	Health Department	, Improvement Per riod not to exceed i	rmit # <u>19670</u> ive (5) years from	m the date of issuance				
BALLARO	Woods LLC		919-215	-991)				
Name				relephone #				
PO Box	6127 RAL	EIGH NIC	27/28					
Address	OTOT TAKE	EIGH IVC	01028		_			
1437	BALL	A20 RD						
Property Location SR	# :	-5460 (0.5)	- K	Road Name	-			
BALLARD &	Palace	107	-					
Subdivision	4 140002	Lot #	# Bedrooms Propos	sed Lot size	_			
		TOWNER OF CHIC		20.322				
		TYPE OF SYS						
New Installatio	on [] Repair 📐 Se	eptic Tank Nitr	ification Lines					
[] Baseme	ent [] With Plumbin							
Water Supply: [] Well Public - Minimum Well Setback: Ft. Septic Tank Pump Chamber								
	*	CATION FIELD SP						
Number of fields / # of lines per field Length of lines _\O Ft.								
Width of ditches 3 ft. Depth of ditches 18-2 inches								
French Drain: Line	ear feet required	Depth of gra	vel	. ,	-19			
inspection by t	he Harnett Coun lled according to	ty Health Depai	tment has det of the Improve	by any person until an ermined that the system ement Permit and that a d.				
Signature of Authorize	ed Agent for Harnett Colu	nty	10 14 07 Date					