

03-5-6030

HARNETT COUNTY HEALTH DEPARTMENT

No 19690

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) SIGNATURE HOME BUILDERS INC [X] New Installation [X] Septic Tank
Property Location: SR# 1437 BALLARD RD [] Repairs [X] Nitrification Line

Subdivision BALLARD WOODS Lot # 53

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .574 AC

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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: [X] Conventional [] Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

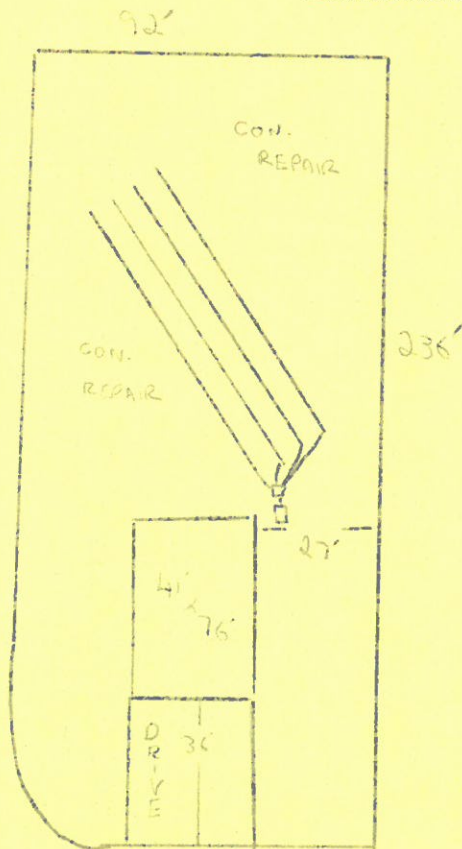
This permit is subject to revocation if site plans or intended use change.

Date: 12/5/02

Signed: [Signature] R.S.

Environmental Health Specialist

* MAINTAIN ALL SETBACKS
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS

← TO SR 1437

HARNETT COUNTY HEALTH DEPARTMENT
AUT. ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19690. 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.*

SIGNATURE HOME BUILDERS INC 892-9299
Name Telephone #
804B WEST BROAD ST DUNN NC 28334
Address
1437 BALLARD RD
Property Location SR# Road Name
BALLARD WOODS 53 3 .574AC
Subdivision Lot # # Bedrooms Proposed 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.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 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] RS 12/5/02
Signature of Authorized Agent for Harnett County Date