: 03-5-6033

## HARNET COUNTY HEALTH DEPARTMENT

Nº 19698

## **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)		Mew Installation	Septic Tank
Property Location: SR#_\\\^1+3\\\^1	BALLAZO RO	Repairs	Nitrification Line
Subdivision BALLARO WO	905	L	ot #_ 48
Tax ID #		Quadrant #	
Number of Bedrooms Proposed:	3 L	ot Size: 60AG	ader
Basement with Plumbing:	Garage:		
Water Supply:    Well  Pub	THE RESERVE		
Distance From Well:			
Following is the minimum specification final approval.			
Type of system: Conventional			
Size of tank: Septic Tank:			
Subsurface No. of Drainage Field ditches 5	exact length of each ditchf	width of t. ditches ft.	depth of ditches 16.36 in.
French Drain Required:	Linear feet	1 1	
This permit is subject to revocation plans or intended use change.	if site Signed: _	Environmental He	
*MAINTAIN ALL SETBACKS			DRANING NIS
+ CALL WITH ANY QUESTONS PRIOR TO INSTALLATION			
	BAIN GOOM	961.	
	51' 50- 08-150-	017	

## HARNE. COUNTY HEALTH DEPARTME. CAUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19698. This				
This authorization will be invalid if own	od not to exceed five (5) years from the date of issuance.  nership, site plans, or intended use change.			
Name Name	<b>894-394</b> 1			
Name	890~394] Telephone#			
PO Box 2105 LILLING Address	GTON NC 27546			
1437 BALLARO RO	Road Name			
BALLARD WOODS 45	Bedrooms Proposed Lot Size			
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 Water Supply Minimum Well Setback: 100 Ft.				
Septic Tank 1000 (a) Pump Chamber				
NITIRFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines 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.				
M. M				
Signature of Authorized Agent for Harnett County of Harnett  Date				
Signature of Authorized Agent for Harnett County of Harnett Date				