

03-5-6441

HARNETT COUNTY HEALTH DEPARTMENT

No 19828

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) MICHAEL SHRIEVE'S [X] New Installation [X] Septic Tank
Property Location: SR#1437 BALLARD RD [] Repairs [X] Nitrification Line

Subdivision BALLARD WOODS Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .58 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. 3-19-03

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 18-24 in.

French Drain Required: _____ Linear feet

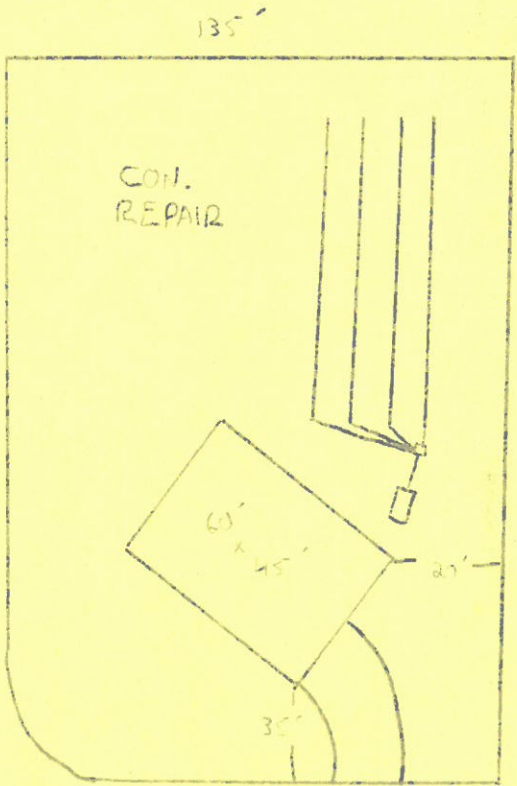
Date: 2/21/03

Signed: [Signature] Environmental Health Specialist

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

28' MAINTAIN ALL SETBACKS

↑ TO SR 1437



DRAWING NTS

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Permit # 19828

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 03-5-644. 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.

Name MICHAEL SHRIEYES Telephone# 919-368-0384
Address 844 CIRCLE DR ANGIER NC 27501
Property Location SR# 1437 BALLARO RD Road Name _____
Subdivision BALLARO WOODS Lot # 4 # Bedrooms Proposed 3 Lot Size .58 AC

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 gal Pump Chamber _____ gal

NITIRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.
Width of ditches 3 ft. Depth of ditches 18-22 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 of Harnett [Signature] Date 2/20/03