

IMPROVEMENT PERM

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) Montgomery Ballard Sr

New Installation Septic Tank

Property Location: SR# 1709

Repairs Nitrification Line

Subdivision FBC Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .75 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional

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

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 133 ft. width of ditches 3 ft. depth of ditches 16-18^{max} in.

French Drain Required: - Linear feet

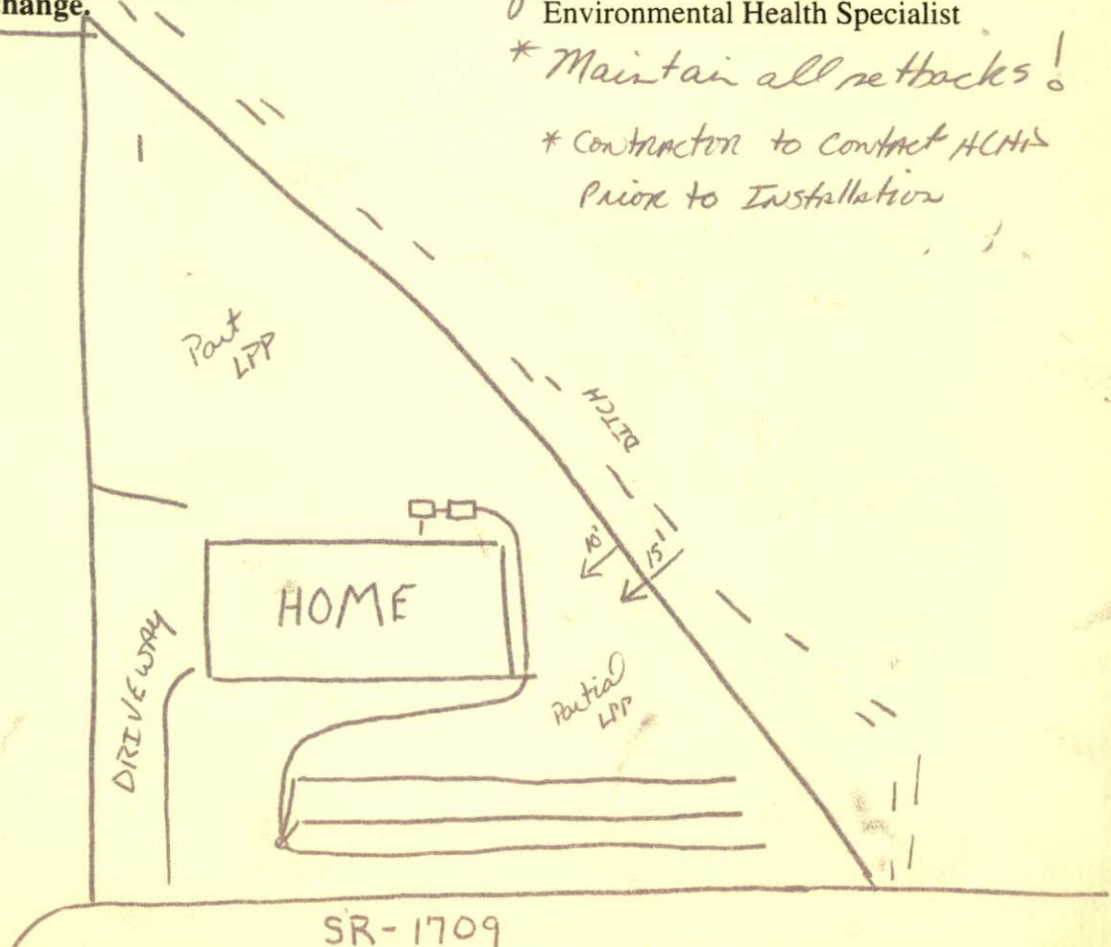
Date: 8-24-99

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

Signed: James E. Markant R.S.
Environmental Health Specialist

** Maintain all setbacks!*

** Contractor to contact ACHA
Prior to Installation*



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13549. 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.

Owner or Authorized Agent _____

Name: Montgomery Ballard Sr Telephone # 919-207-0894

Address: 30 Pegasus VIEW LN DUNN N.C. 28334

Property Location: SR # 1709 Road Name Holly Chapel

New Installation _____ Repair _____ Septic Tank _____ Nitrification Lines

Subdivision FBC Lot # 3

Number of Bedrooms Proposed: 3 Lot size: .75

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 3 Length of lines 133

Width of ditches 3 ft. Depth of ditches 16-18 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.

Authorized Agent for Harnett County Health Department

Name: James E. McDaniel Date: 5-26-99