

HARNETT COUNTY HEALTH DEPARTMENT

HTE 0550012038

IMPROVEMENT PERMIT

22056

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) OAK CITY HOMES  New Installation  Septic Tank  
Property Location: SR# 1437 BALLARD RD  Repairs  Nitrification Line

Subdivision BALLARD WOODS Lot # 18

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .61

Basement with Plumbing:  Garage:

Water Supply:  Well  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:  Conventional  Other 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

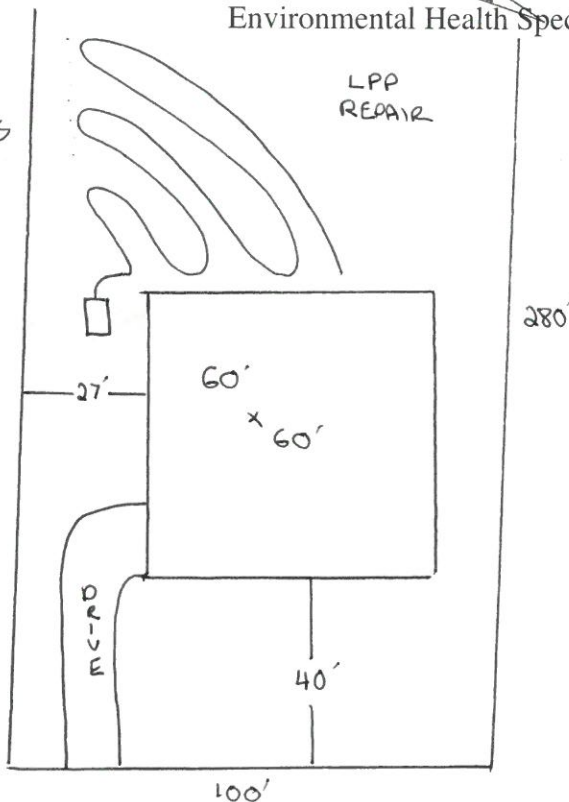
French Drain Required: \_\_\_\_\_ Linear feet

Date: 5/20/05

Signed: [Signature] RS (OLIVER TOLKSOORF)  
Environmental Health Specialist

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

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



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22056. 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.*

OAK CITY HOMES Name 833-5526 Telephone #

PO BOX 6127 RALEIGH NC 27628 Address

1437 Property Location SR# BALLARD RD Road Name

BALLARD WOODS Subdivision 18 Lot # 3 # Bedrooms Proposed .61AC Lot Size

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other 25% REDUCTION SYSTEM

Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 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.

  
Signature of Authorized Agent for Harnett County

5/20/05  
Date