## HTE#05-5001368

## **IMPROVEMENT PERMIT** 22475

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) OAXCTY HOMES New Installation Septic Tank Repair Property Location: SR# 1437 BALLORO RD Lot # 58 Quadrant # Subdivision BALLARO WOODS Tax ID# Number of Bedrooms Proposed: 3(360 aed) Lot Size: • 58 Ac Basement with Plumbing: Garage: Water Supply: Well Public ☐ Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: \( \bar \) Conventional \( \bar \) Other Pume To 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons width of depth of exact length Subsurface No. of ditches 3 ft. of each ditch 100 ft. ditches 3 ditches 12 Drainage Field French Drain Required: Linear feet PERMIT EXPIRES YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. \*MAINTAIN ALL SETBACKS Signed: \* Pume = 23 gpm 47 10H Environmental Health Specialist 90 \* MANATEE 3 5 SCH 40 VALVES PART 2 PRESSURE HEAD Brush 25% RED. 2"504 40 PIPE \* MINIMUM OF 6" OF COVER REPAIR WEEDED OVER DRAINFIELD PART PUMP 25% 2541 REDUCTION REPAIR 60 OR. 35

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Harnett County Department of Public Health, Improvement Permit #   |
|--|
| Oak City Homes 919-833-5526  |
| Name  919-833-5526  Telephone #  |
| PO BOX 6127 RALEICH NC 27628 Address   |
| Property Location SR#  Road Name   |
| Property Location SR# Road Name  |
| BALLARD WOODS 58 3(360gs) .58AC Subdivision Lot # Bedrooms Proposed Lot Size   |
| Lot Size   |
| TYPE OF SYSTEM   |
| New Installation [ ] Repair   Septic Tank   Nitrification Lines  |
| [ ] Conventional M Other Pume To 25% REDUCTION SySTEM  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing  |
| Water Supply: [ ] Well   |
| Septic Tank gal Pump Chamber gal   |
| NITRIFICATION 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.   |
|  |
|  |
| 1/13/06  |
| Signature of Authorized Agent for Harnett County   |