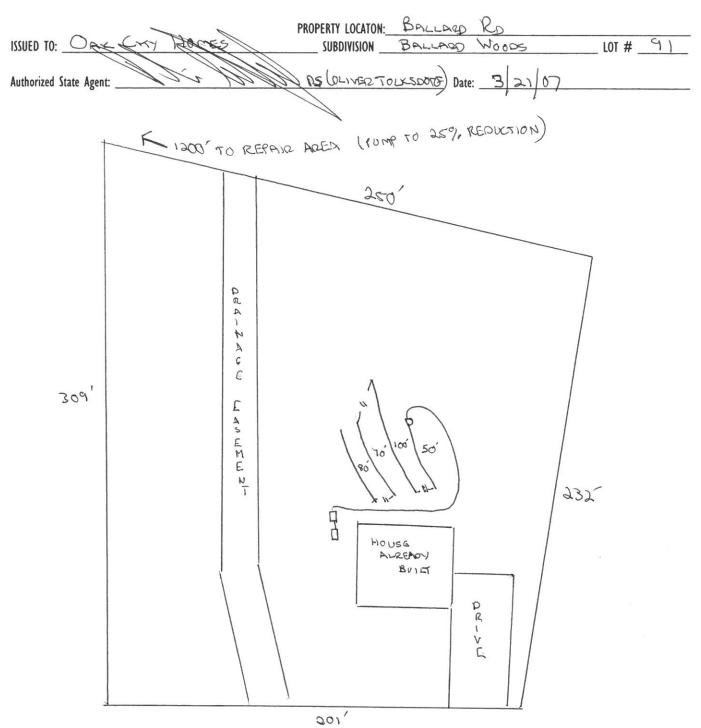
HTE# 05-5-13682

Harness County Department of Public health 23866

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: BALLARD ISSUED TO: OAK CITY HOMES SUBDIVISION BALLARO WOODS NEW REPAIR DEXP Site Improvements required prior to Construction Authorization Issuance: Proposed Wastewater System Type: Pume To 25% REDUCTION Projected Daily Flow: 360 Projected van,
Number of bedrooms: Number of Occupants: ___ max Pump Required: Xes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:
Community Public Well Distance from well 60 feet Permit valid for: Five years Permit conditions: ☐ No expiration Authorized State Agent:: SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. PROPERTY LOCATION: BALLAGO GO LOT # 9) ISSUED TO: GAR CITY HOMES New Facility Type: 5FO (60'×60') ☐ Expansion ☐ Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** Pume To 25% REDUCTION (Initial) Wastewater Flow: 360 GPD (See note below, if applicable) Installation Requirements/Conditions Trench Spacing: _____ Feet on Center Soil Cover: _____ inches Exact length of each trench _ 300 feet Septic Tank Size VOOO gallons Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 12 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. GPM inches below pipe Aggregate Depth: ______ inches above pipe Conditions: MEET ON SITE TO FINALIZE LAYOUT **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction authorization is subject to conductore with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Construction Authorization Expiration Date: 3/21/07 Authorized State Agent:

Harnett County Department of Public Health Site Sketch



HTE#05-5-13682

IMPROVEMENT PERMIT 23169

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) OAR CRY HOMES New Installation Septic Tank Repair Property Location: SR# 1437 BALLARD RD Nitrification Line Expansion Subdivision BALLARD WOODS Lot # 91 Tax ID# Quadrant # Number of Bedrooms Proposed: 3 (360 cod) Lot Size: Basement with Plumbing: Garage: Water Supply: Well Nublic Public Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other 25% REDUCTION SYSTEM Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of Drainage Field ditches \ a. of each ditch 300 ft. ditches ditches 18 French Drain Required: Linear feet Date: This permit is subject to revocation if site PERMIT EXPIRES 5-YEARS FROM ABOVE DATE plans or intended use change. Signed: * RUN SECOND LINE 5 Environmental Health Specialist 1200' TO REPAIR AREA OFF House * LINE 1 BE 90 LINE 2 LINE 3 60 LING 4 * PUMP TO 15% REDUCTION REPAIR . SEE EASEMENT MAR FOR EXACT LOBATION CASTINA * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 23169 . 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 919-833-5526
Telephone #
POBOX 6127 RALEIGH NC 27628
Property Location SR# BALLAGO RO Road Name
Road Name
BALLARO WOODS 91 3 (360 go) 1.377AC Subdivision Lot # Bedrooms Proposed Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional NOther Pump To 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 300 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 ne conditions of the Improvement Permit and that a valid Operations Permit has been issued.
The special section is the second section is second
ignature of Authorized Agent for Harnett County Date
Date