

HTE# 0550013683

IMPROVEMENT PERMIT 22473

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 INC New Installation Septic Tank Repair
 Property Location: SR# 1437 BALLARD RO Nitrification Line Expansion
 Subdivision BALLARD WOODS Lot # 97
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: .58

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 25% REDUCTION SYSTEM
 Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface	No. of	exact length	width of	depth of	
Drainage Field	ditches <u>1</u>	ft. of each ditch <u>300</u>	ft. ditches <u>3</u>	ft. ditches <u>24</u>	in. ^{MAX!}

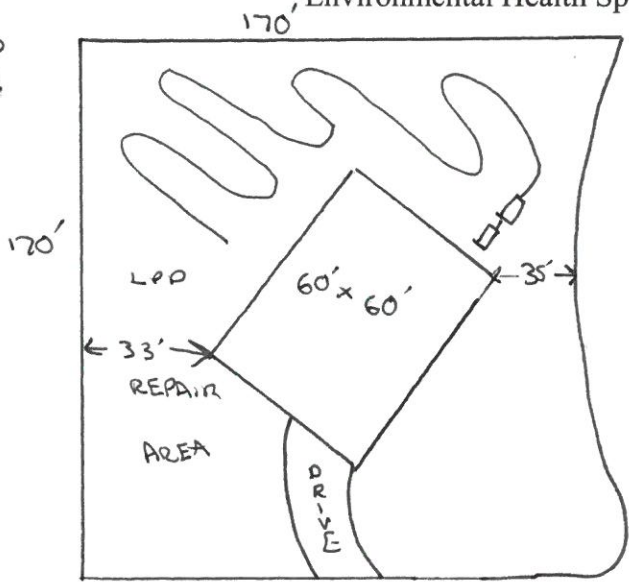
French Drain Required: _____ Linear feet

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

Date: 1/11/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] ES (OLIVER TOLKSOEFF)
 Environmental Health Specialist

*MAINTAIN ALL SETBACKS
 *A PUMP MAY BE AVOIDED IF PROPER FALL CAN BE MAINTAINED



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 # 22473. 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
Name Telephone #

PO BOX 6127 RALEIGH NC 27628
Address

1437 BALLARD RD
Property Location SR# Road Name

BALLARD WOODS 97 3 (360 sqd) .58
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

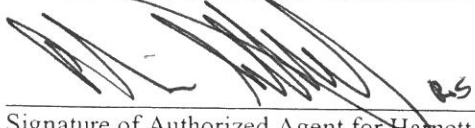
NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches 3 ft. Depth of ditches 24 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.

 RS 1/11/06
Signature of Authorized Agent for Harnett County Date