

HTE# 05-50013725

IMPROVEMENT PERMIT 22471

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) HAMPTON CUSTOM BUILDERS INC New Installation Septic Tank Repair
Property Location: SR# 1437 BALLARD RD Nitrification Line Expansion
Subdivision BALLARD WOODS Lot # 40
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: 25004 ft²

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 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24-36 in.

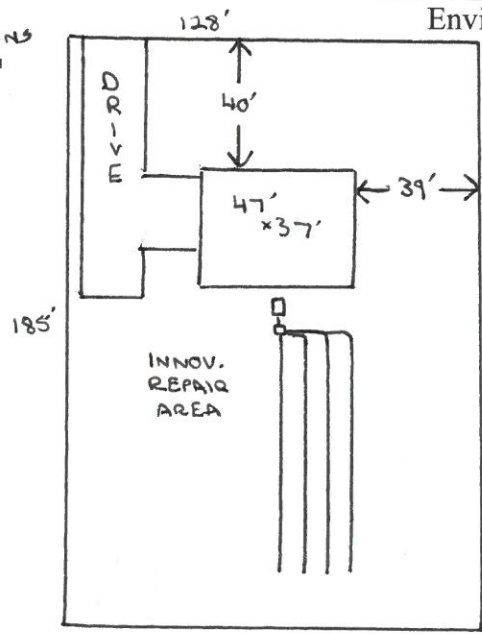
French Drain Required: _____ Linear feet

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

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

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

*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 # 22471. 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.*

HAMPTON CUSTOM BUILDERS 919-524-2915
Name Telephone #

PO Box 655 HOLLY SPRINGS NC 27540
Address

1437 BALLARD RD
Property Location SR# Road Name

BALLARD WOODS 40 3(360 gpd) 25004 sq ft
Subdivision Lot # # Bedrooms Proposed 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 24-36 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]
Signature of Authorized Agent for Harnett County

1/11/06
Date