

HTE# 06-5-14213RR

IMPROVEMENT PERMIT 23151

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 New Installation Septic Tank Repair
Property Location: SR# 1437 BALLARD RD Nitrification Line Expansion
Subdivision BALLARD WOODS Lot # 23
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (360 sqd) Lot Size: 1.2 AC

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 10" LARGE DIAMETER PIPE
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 ft. of each ditch 120 ft. ditches 3 ft. ditches 12 in.

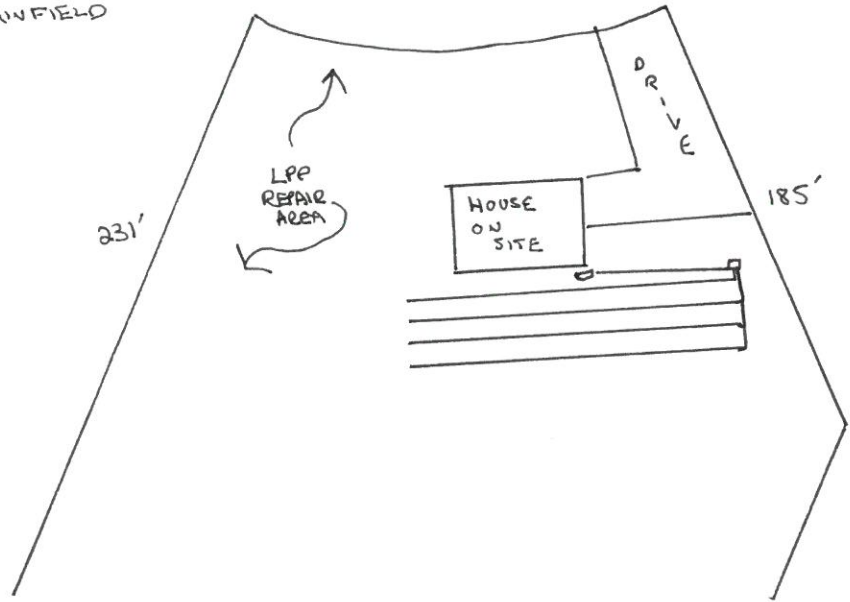
French Drain Required: _____ Linear feet

Date: 7/7/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

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

*SYSTEM FLAGGED
*6" OF COVER NEEDED OVER DRAINFIELD



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 # 23151. 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 919-524-7915
Name Telephone #
PO Box 655 HOLLY SPRINGS NC 27540
Address
1437 BALLARD RD
Property Location SR# Road Name
BALLARD WOODS 23 3(360sq) 1.21ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 10" LARGE DIAMETER PIPE
[] 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 4 Length of lines 120 Ft.
Width of ditches 3 ft. Depth of ditches 12 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] RS 7/7/06
Signature of Authorized Agent for Harnett County Date