

HTE# 06-50014405

# IMPROVEMENT PERMIT 22954

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 New Installation  Septic Tank  Repair   
Property Location: SR# 1437 BALLARD RD Nitrification Line  Expansion   
Subdivision BALLARD WOODS Lot # 83  
Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: 1.18 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 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

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

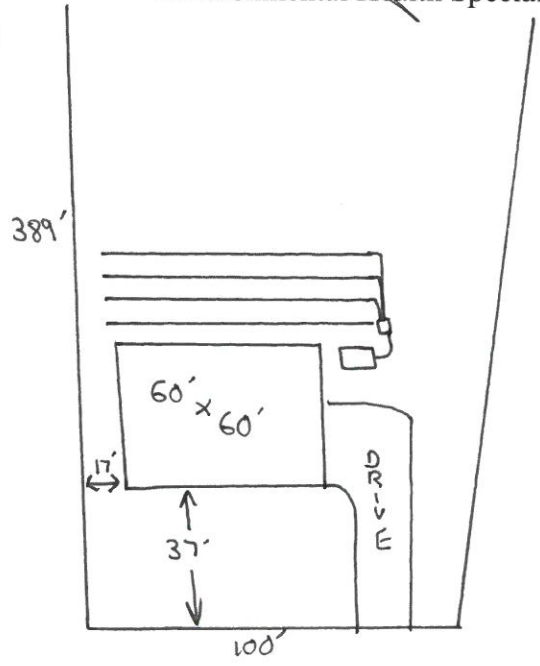
French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 4/25/06  
**PERMIT EXPIRES 5 YEARS FROM ABOVE DATE**

Signed:  OLIVER TOLKSDORF  
Environmental Health Specialist

\*MAINTAIN ALL SETBACKS  
\*CALL WITH ANY QUESTIONS BEFORE 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 # 22954. 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 RO  
Property Location SR# Road Name

BALLARD WOODS 83 3 (3 LOGS) 1.18 AC  
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: 100 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 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

4/25/06  
Date