HTE#06-5-15310R

IMPROVEMENT PERMIT 23165

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 Crry Homes New Installation Septic Tank Repair Property Location: SR# 1437 BALLAGO Ro Nitrification Line Expansion Lot # _ 66 _____ Subdivision BALLARO WOOS Tax ID# Number of Bedrooms Proposed: 3 (360 ap) Lot Size: .63AC 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: \(\sum \) Conventional \(\sum \) Other Pump To 25% REDUCTION SYSTEM Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons width of depth of Subsurface No. of exact length ditches 1 ft. of each ditch 300 ft. ditches 3 ft. ditches 18 in. Drainage Field French Drain Required: Linear feet Date: 7 26 06 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist *MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION * TANK LOCATION CHANGED DUE TO CHANGE IN NEW TANK 201 HOUSE SIZE LOCATION 11/7/06 37

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Name Cris Horses PM - 833 - 55 - 6 Telephone #	Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # _23\45 . 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.
PO Box 6127 RAELON NC 27628 Address Property Location SR# Road Name Ballon Road Name TYPE OF SYSTEM Mew Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Pome To 25% Repursion [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Septic Water Supply Minimum Well Setback: 100 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 R 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.	Oax Cry Homes 911-833 45 26
Po Box 6137 Rale of NC 27628 Address Road Name Road Name Ball 200	Name Telephone #
Property Location SR# Road Name	PO Box 6127 RALEIGN NC 27628 Address
Subdivision Lot # # Bedrooms Proposed Lot Size	Property Location SR# BALLAGO RD Road Name
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Pome To 25% Reduction [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Septic Water Supply Minimum Well Setback: 100 Ft. Septic Tank 1000 gal Pump Chamber 1000 gal NITRIFICATION FIELD SPECIFICATIONS Number of fields # of lines per field Length of lines 500 Ft. Width of ditches 3 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 the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	
New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Pome To 25% Reduction [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Septic Water Supply Minimum Well Setback: 100 Ft. Septic Tank 1000 gal Pump Chamber 1000 gal NITRIFICATION FIELD SPECIFICATIONS Number of fields # of lines per field Length of lines 500 Ft. Width of ditches 3 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 the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	TYPE OF SYSTEM
Water Supply: [] Well	New Installation [] Repair Septic Tank Nitrification Lines
Water Supply: [] Well Public Water Supply Minimum Well Setback:	[] Conventional MOther Pump To 25% REDUCTION
Septic Tank 1000 gal Pump Chamber 1000 gal	[] Basement [] With Plumbing [] Without Plumbing
Number of fields # of lines per field Length of lines Ft. Width of ditches a. 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 the conditions of the Improvement Permit and that a valid Operations Permit has been issued.	Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.
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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.	Number of fields # of lines per field Length of lines Ft.
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.	Width of ditches ft. Depth of ditches inches
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.	French Drain: Linear feet required Depth of gravel
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.	No wastewater system shall be covered or placed into use by any name will be increased by the
Signature of Authorized Agent for Harnett County Date 7 26 06 / 11/7/06	Harnett County Health Department has determined that the system has been installed according to
Signature of Authorized Agent for Harnett County Date	
	Signature of Authorized Agent for Harnett County Date