

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 CITY HOMES New Installation Septic Tank Repair
Property Location: SR# 1437 BALLARD RD Nitrification Line Expansion
Subdivision BALLARD WOODS Lot # 66
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (360 gpd) 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: Conventional Other PUMP TO 25% REDUCTION SYSTEM

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

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

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.

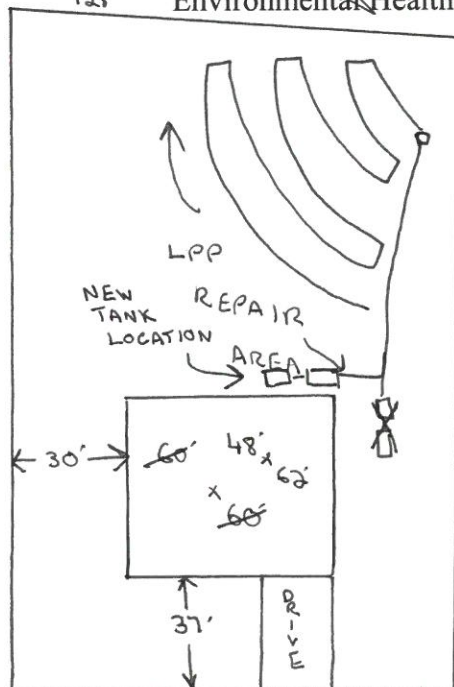
Signed: [Signature] (OWNER TOLKSDORF)
123' Environmental Health Specialist

*MAINTAIN ALL SETBACKS

*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

*TANK LOCATION CHANGED DUE TO CHANGE IN HOUSE SIZE

11/7/06
OT



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 # 23165. 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 66 3 (360 sq ft) .63 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO 25% REDUCTION

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public 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 18 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

7/26/06 / 11/7/06
Date