

Initial Application Date: 2/20/09
Ballard Woods, L.L.C

Application # 0950021018

Central Permitting DOA 108 E. Front Street, Lillington, NC 27546
COUNTY OF HARNETT LAND USE APPLICATION
Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Oak City Homes Mailing Address: P.O. Box 6127
City: Raleigh State: NC Zip: 27629 Home #: 9191833-5526 Contact #: 11

APPLICANT: " Mailing Address: "
City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: Ballard Woods Lot #: 112 Lot Size: 48AC
Parcel: 080652 008903 PIN: 0651-29-1801.000

Zoning: BA30 Flood Plain: X Panel: - Watershed: NA Deed Book&Page: 2364/454 Map Book&Page: 2008/329

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
401 N-Rt onto Ballard Rd
Rt. onto Joseph Alexander dr.

PROPOSED USE:

- SFD (Size 48 x 60) # Bedrooms 3 # Baths 2.5 Basement (w/wo bath) _____ Garage Deck Circle: Crawl Space / Slab
- Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms _____ # Baths _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size ___ x ___) # Rooms _____ Use _____ Hours of Operation: _____
- Accessory/Other (Size ___ x ___) Use _____
- Addition to Existing Building (Size ___ x ___) Use _____ Closets in addition (___)yes (___)no

Water Supply: County Well (No. dwellings _____) **MUST** have operable water before final
Sewage Supply: New Septic Tank (Complete **New Tank Checklist**) Existing Septic Tank County Sewer Other

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO
Structures on this tract of land: Single family dwellings Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:	Comments:
Front Minimum <u>35</u> Actual <u>35</u>	
Rear <u>25</u> <u>53</u>	
Side <u>10</u> <u>30</u>	
Sidestreet/corner lot <u>20</u> <u>-</u>	
Nearest Building on same lot <u>6</u> <u>-</u>	

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

NOVA M... ..
Signature of Owner or Owner's Agent

2-20-09
Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

OWNER NAME: Oak City Homes

APPLICATION #: 2/10/18

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative
- Alternative Other _____
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does the site contain any Jurisdictional Wetlands?
- YES NO Does the site contain any existing Wastewater Systems?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other Public Agency?
- YES NO Are there any easements or Right of Ways on this property?
- YES NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Noel Mendoza
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-20-09
DATE

Ballard Woods Subdivision - Phase 4, Lot 112

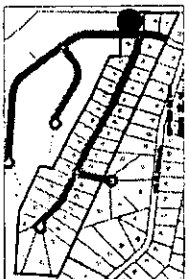
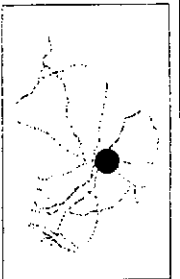
Site Plan & Evaluation for On-Site Wastewater Treatment & Disposal March 13, 2008

Recommended System:

- 3-bedroom (6 residents maximum)
- Initial: Innovative Gravelless Trench.
- Recommended LTAR: 0.45 gallons/day/square feet.
- Most restrictive texture in treatment zone: Soil Group III: Sandy Clay Loam.
- Recommended trench bottom placement: 18 inches downhill side.
- Line length needed = 200 feet, line length demonstrated = 218.25 feet.
- Minimum total area needed = 1,800 square feet, area designated 1,891± square feet.

Repair: Off Site Innovative Gravelless Trench

- Recommended LTAR: 0.45 gallons/day/square feet
- Most restrictive texture in treatment zone: Soil Group III: Sandy Clay Loam
- Recommended trench bottom placement: 18 inches downhill side
- Line length needed = 200 feet.
- Minimum total area needed = 1,800 square feet, area designated 3,135± square feet.

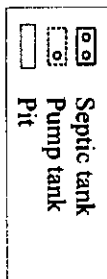


Phase 4 location

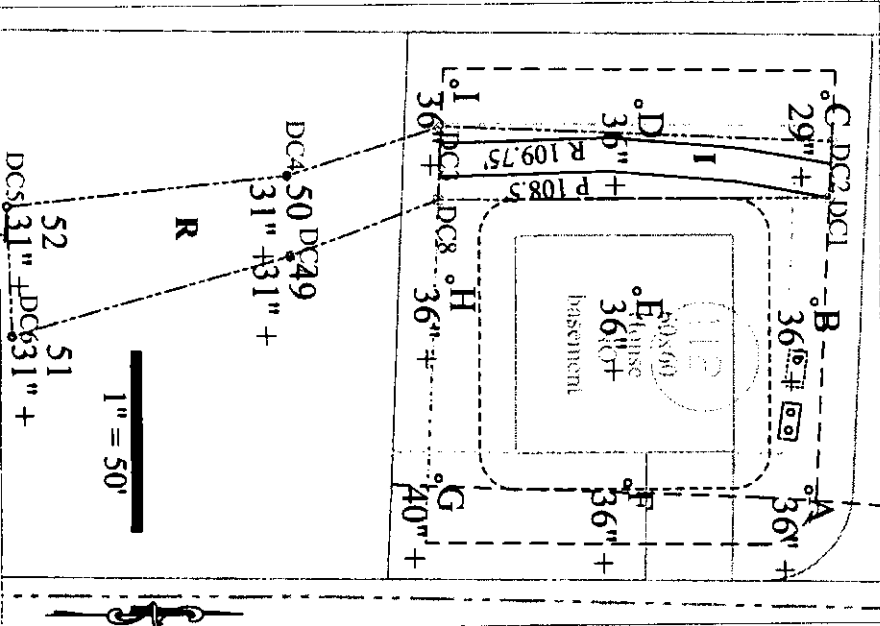
Boring Position
 A Boring Name
 34" v Soil Condition
 Boring Depth

Soil Conditions
 + = Likely favorable below
 w = Soil wetness
 v = Pinthite

Layout Colors
 P = Pink
 R = Red
 O = Orange
 Y = Yellow
 B = Blue
 W = White



- Survey property line
- Septic setback
- House setback
- Drainfield
- 10' building envelop
- Clearing limits
- When indicated
- Layout line
- Supply line
- Ductile Iron or equivalent
- Stream
- Stream buffer
- Interceptor drain

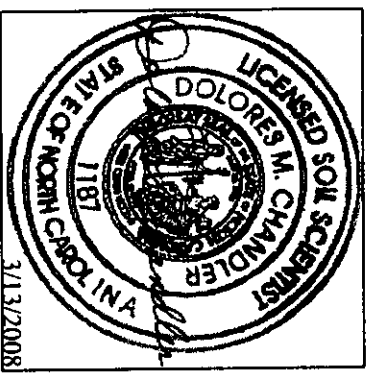


Area flagged in yellow "caution" tape.

Locations and specifications for tanks, supply lines, and stream crossings are suggestions. Due to topographic irregularities and other considerations, actual locations or material specifications may be changed at time of permitting or installation, at the discretion of the permitting authority.

Pit/boring locations marked with numbers and/or letters: DC1, etc. = drainfield corners, where corner is not marked with pit/boring. Lot will require health department approval. Some adjustments may be necessary at that time due to soil variability and topographic irregularities. House and drainfield areas not survey accurate.

Recommendations for house location and/or size, and septic system type, size, and/or location may be invalidated if site alterations (including road cut/fill, drainage, and other grading) occur.



Chandler Soil Corporation

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