

HARNETT COUNTY HEALTH DEPARTMENT

HTE 055001153

IMPROVEMENT PERMIT

21816

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) Jonathan Newton

New Installation Septic Tank

Property Location: SR# NC 24

Repairs

Nitrification Line

Emmanuel Baptist Church

Subdivision _____

Tax ID # _____

Lot # _____

Number of Bedrooms Proposed: Church

Quadrant # _____

Lot Size: 8.29 AC

Basement with Plumbing:

Garage: (1000 gal flow per day)

Water Supply: Well Public

Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 2(1200) gallons

Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 190 ft.

width of ditches 3 ft. depth of ditches 18-24 in.

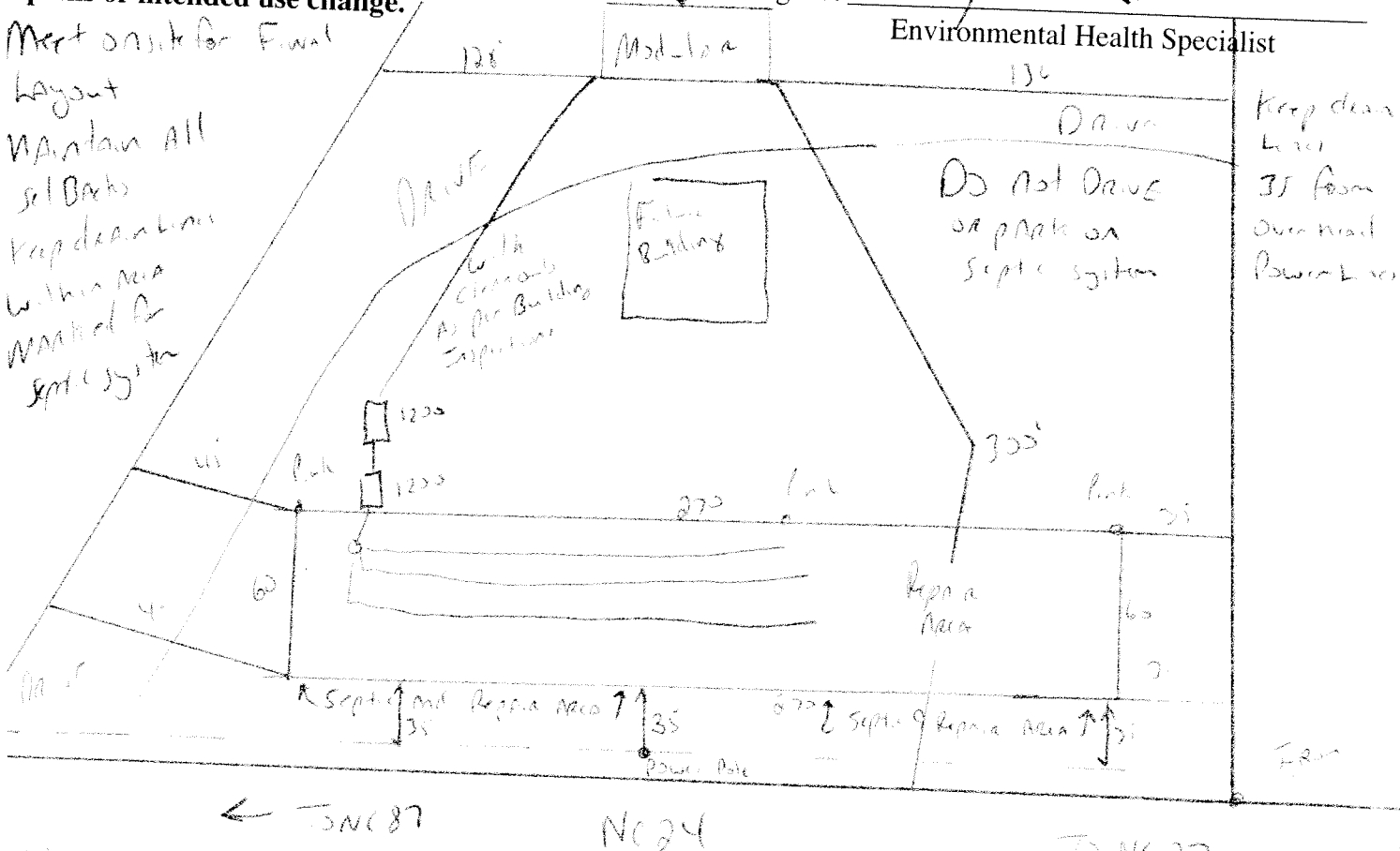
French Drain Required: _____ Linear feet

Date: 04-01-05

Signed: Jon W. [Signature]

Environmental Health Specialist

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



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 # 21816. 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.*

Name Jonathan Newton Telephone # _____

Address NC24

Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed Church 1000 gal/day Lot Size _____

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional [] Other _____
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 2 x 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 190 Ft.
Width of ditches 3 ft. Depth of ditches 18.24 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.

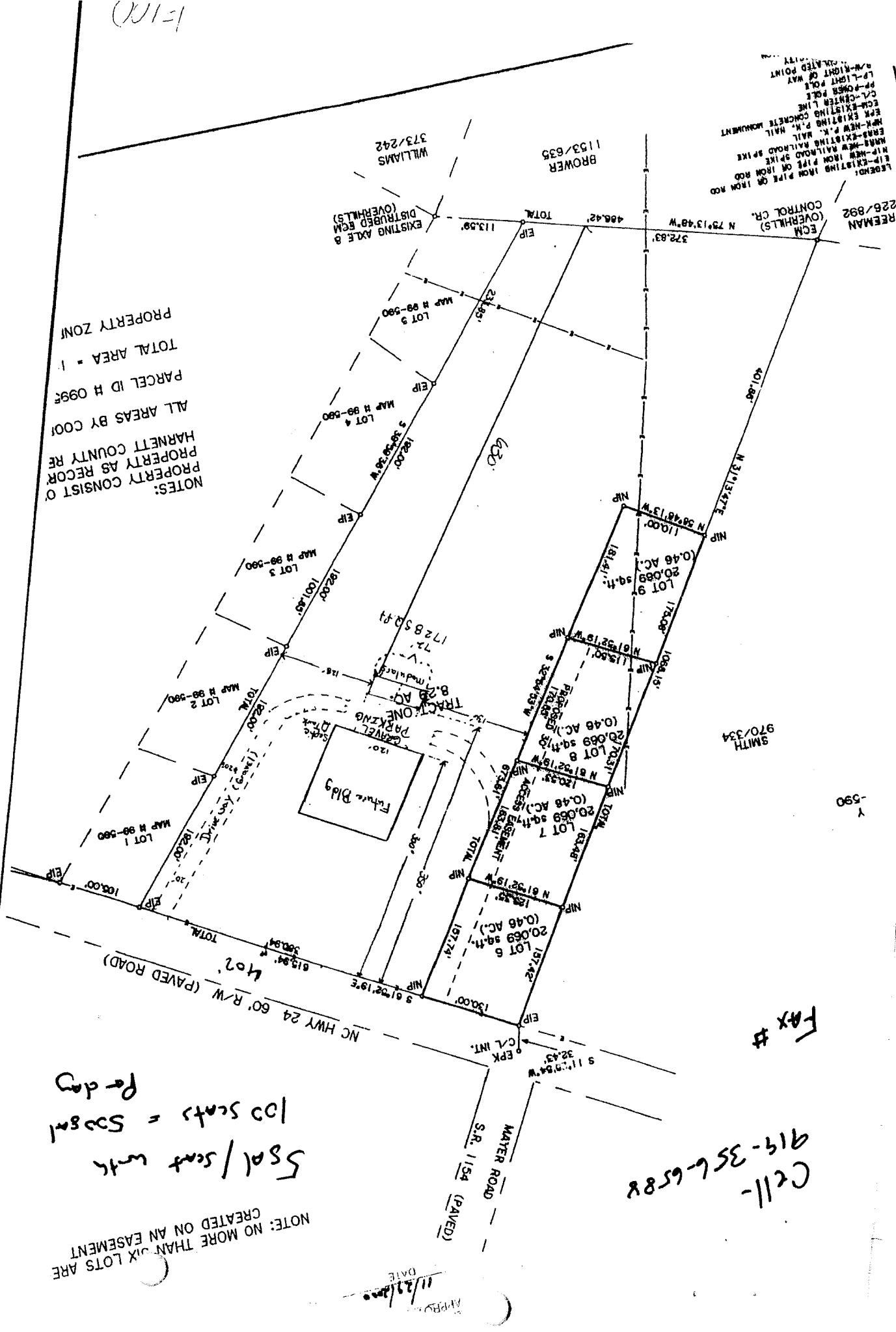
Signature of Authorized Agent for Harnett County Joe West RS

Date 04-01-05

NOTE: NO MORE THAN SIX LOTS ARE CREATED ON AN EASEMENT

5 gal / seat with
100 seats = 500 gal
for day

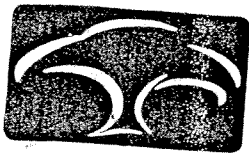
NOTES:
PROPERTY CONSIST OF
PROPERTY AS RECOR
HARNETT COUNTY RE
ALL AREAS BY COO
PARCEL ID H 0995
TOTAL AREA = 1
PROPERTY ZONE



Cell- 919-356-6588
Fax #

APPROVED DATE 11/27/2008

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Harnett
COUNTY
 NORTH CAROLINA

Department of Public Health

F A X C O V E R

Date:	3-31-05
Send to:	Jonathan Newton
Attention:	
Fax number:	919-499-1902
From:	JOE WEST
Phone number:	910 893-7549

- Urgent
 For Review
 Please Comment
 Please Reply
 Per Request

TOTAL PAGES, INCLUDING COVER:

Comments:

Let me know your choice & then I can write & issue permits. Call if you have questions.
 JOE WEST R

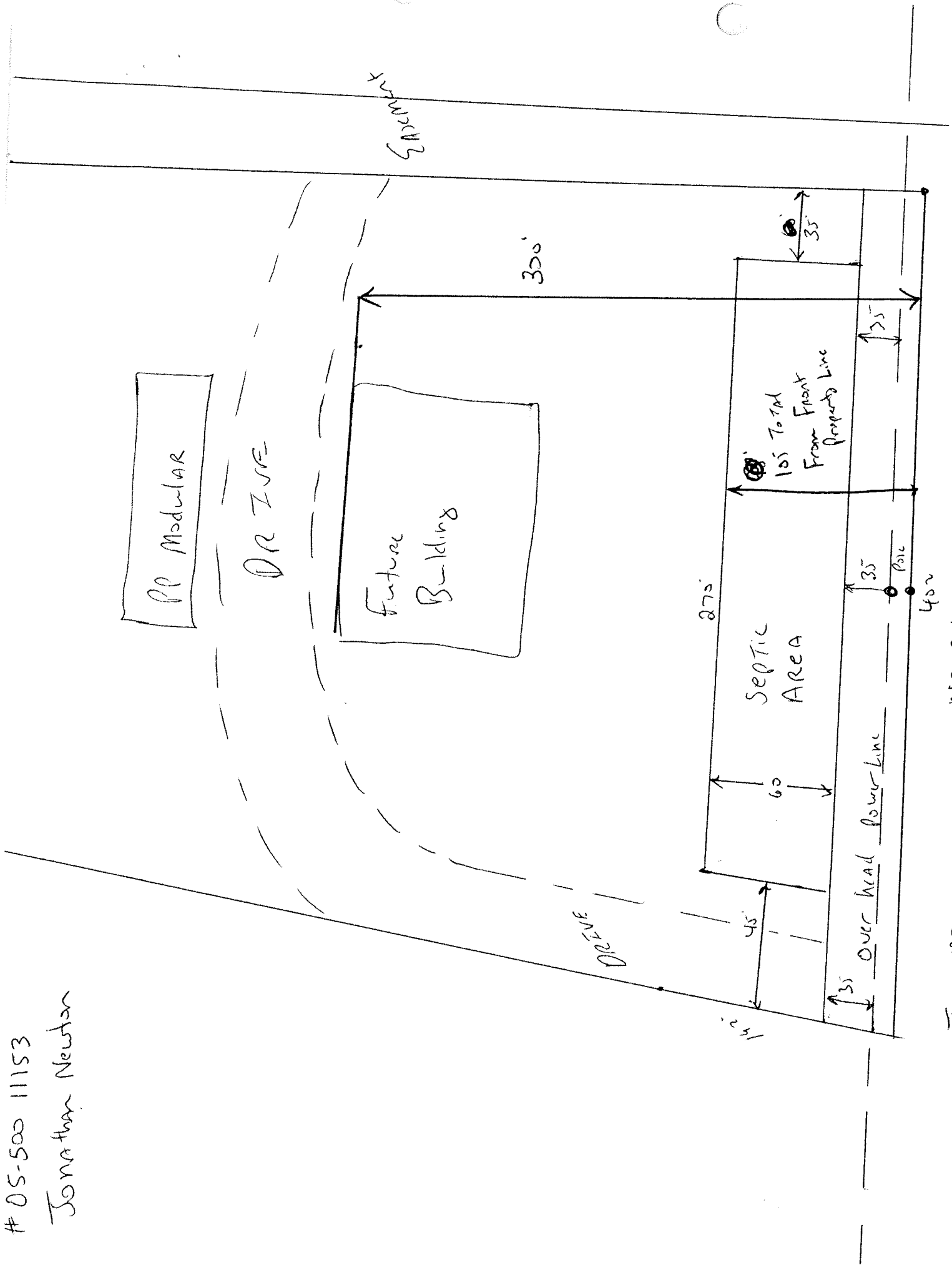
Office Hours 800 to 500 AM

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05-500 11153

Jonathan Newton



To NC 87

NC 24

To NC 27 →

<u>Design Flow</u>	<u>Drain Line</u>	<u>Tank size</u>	<u>Cap.</u>	
Water usage		min	NO Fellow ship hall	Fellow ship hall
500 gal	280	1200	165	90
600 gal	350	1500	200	120
700 gal	400	2x1000	230	140
800 gal	450	2x1000	260	160
900 gal	500	2x1000	300	180
1000 gal	560	2x1200	330	200