

Deed Recorded In
1885 NO Repair
Required

HARNETT COUNTY HEALTH DEPARTMENT

No 18303

IMPROVEMENT PERMIT

01-5-1945

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."

CLARK HASSITER

Name: (owner) MT MARIAN Baptist Ch New Installation Septic Tank
Property Location: SR# NC 24/27 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 200 member max Lot Size: 2.07 Ac
x3 = 600 gal/day

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 _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 350 ft. width of ditches 3 ft. depth of ditches 18-20 in.

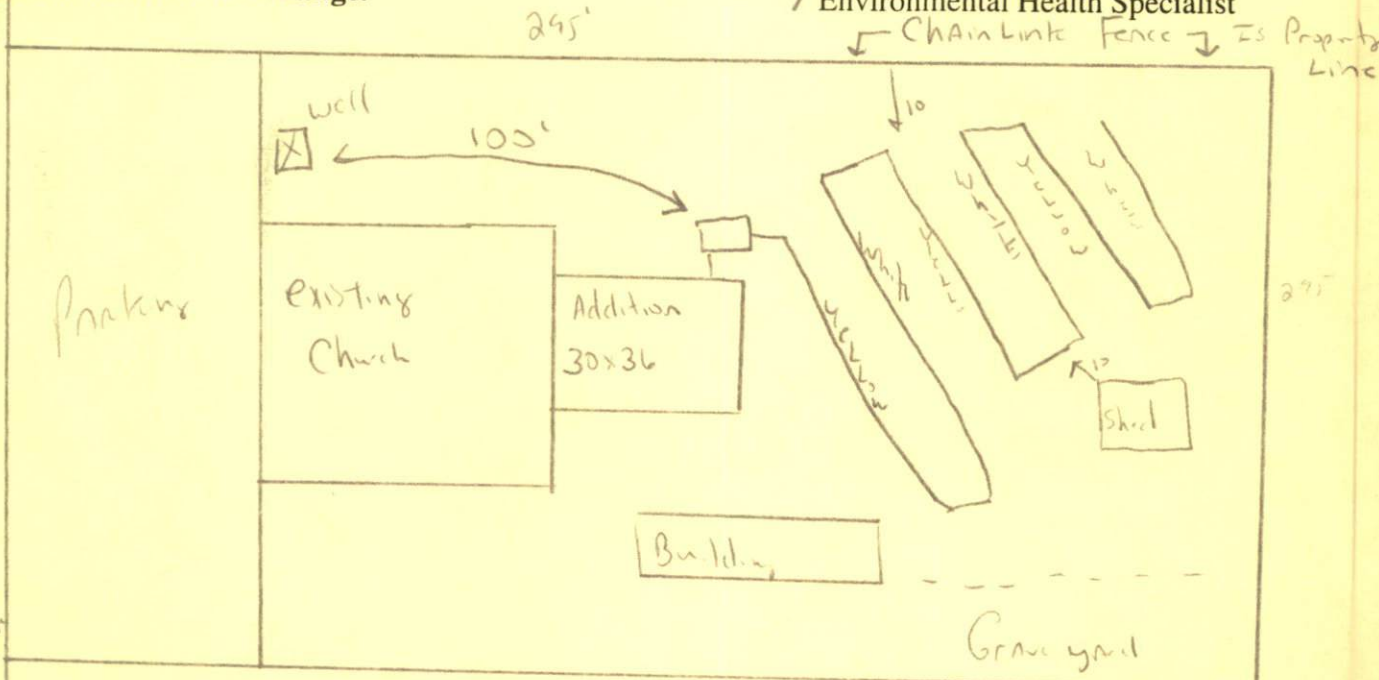
French Drain Required: _____ Linear feet

Date: 5-15-01

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

Signed: Joe W. [Signature]

Environmental Health Specialist



STAB out Plumbing shallow - 18 to 30" Ditch Depth
MAINTAIN All setbacks DO NOT DRIVE or Park on septic system - Deed Recorded In 1885 NO Repair Required

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18303. 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.

Owner or Authorized Agent MT MARIAH BAPT. CH. CLARK LANSING

Name: _____ Telephone # _____

Address: _____

Property Location: SR # ~~NC 24/27~~ NC 24/27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 0620gal/day Lot size: 2.07 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public Minimum Well Setback: _____ ft.

Type of System: Conventional 1000 Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 350

Width of ditches 3 ft. Depth of ditches 18.30 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 5-15-01