

HTE 04-50010316

IMPROVEMENT PERMIT

21661

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) ANDERSON CREEK CHRISTIAN CENTER
Property Location: SR# 2045 ELLIOTT BRIDGE RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 130x70 GYMNASIUM + OFFICE Lot Size: 8.98 AC
24 PEOPLE FOR NEW + EXIST. BLDG.

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: 1500 gallons Pump Tank: 1500 gallons

Subsurface Drainage Field: No. of EXISTING SYSTEM ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

Date: 1/27/05

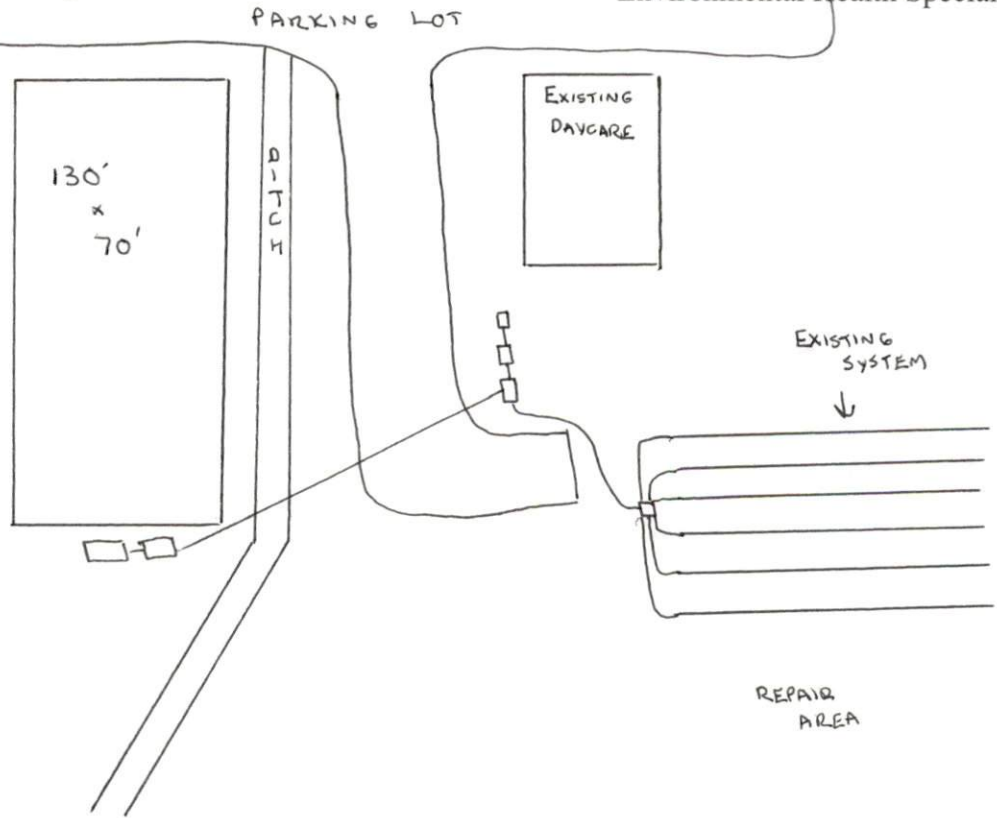
This permit is subject to revocation if site plans or intended use change.

SR 2045

Signed: [Signature] Environmental Health Specialist

*TIE INTO EXISTING PUMP TANK. INITIAL SYSTEM DESIGNED FOR 99 PEOPLE

*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 21661. 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.***

ANDERSON CREEK CHRISTIAN CENTER 497-2286
Name Telephone #

8227 ELLIOTT BRIDGE RD SPRING LAKE NC 28390
Address

2045 ELLIOTT BRIDGE RD
Property Location SR# Road Name

Subdivision Lot # 130x70 GYM. + OFFICE # Bedrooms Proposed 8.98AC 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: 100 Ft.

Septic Tank 1500 gal Pump Chamber 1500 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields EXISTING # of lines per field _____ Length of lines _____ Ft.

Width of ditches _____ 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.

[Signature] RS
Signature of Authorized Agent for Harnett County

1/27/05
Date