

00-50000777

IMPROVEMENT PERMIT

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) J. A. Gross / Anderson Creek Christian Center New Installation Septic Tank
Property Location: SR# 2044 Will Lucas Rd. Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Church Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 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: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of existing ditches to be used exact length _____ width of _____ depth of _____
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

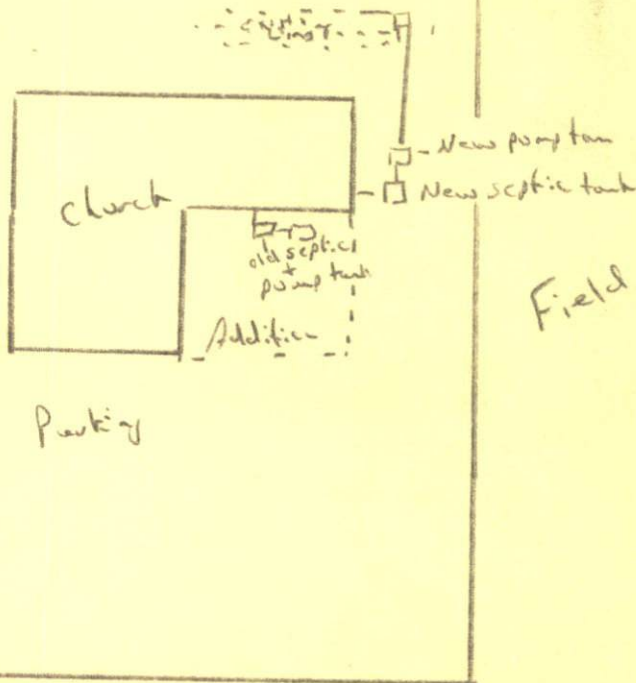
Date: 2/5/2001

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

Signed: Bryan McJwin D.S.
Environmental Health Specialist

5/10/01

- * Maintain all setbacks
- * Old Tanks must crushed & filled in
- * Connect New tanks to Existing Drain Lines



SR 2044

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 # 1758. 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 _____

Name: J. M. Graves / Anderson Creek Christian Center Telephone # 482-8100

Address: 603A Conary Club Dr Suite 6 Fayetteville NC 28301

Property Location: SR # 2044 Road Name Will Lucas

New Installation _____ Repair Septic Tank Nitrification Lines _____

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: church Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional _____ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields _____ Number of Lines per Field Existing Drain Lines Length of lines _____

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.

Authorized Agent for Harnett County Health Department

Name: Dave M. Lewis R.S. Date: 2/5/2001