

02-53747

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) NEW BREED BAPTIST CHURCH New Installation Septic Tank
Property Location: SR# US401 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 9 ADDITIONAL CHILDREN IN DAY CARE Lot Size: 10 ACRES

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: _____ gallons Pump Tank: _____ gallons

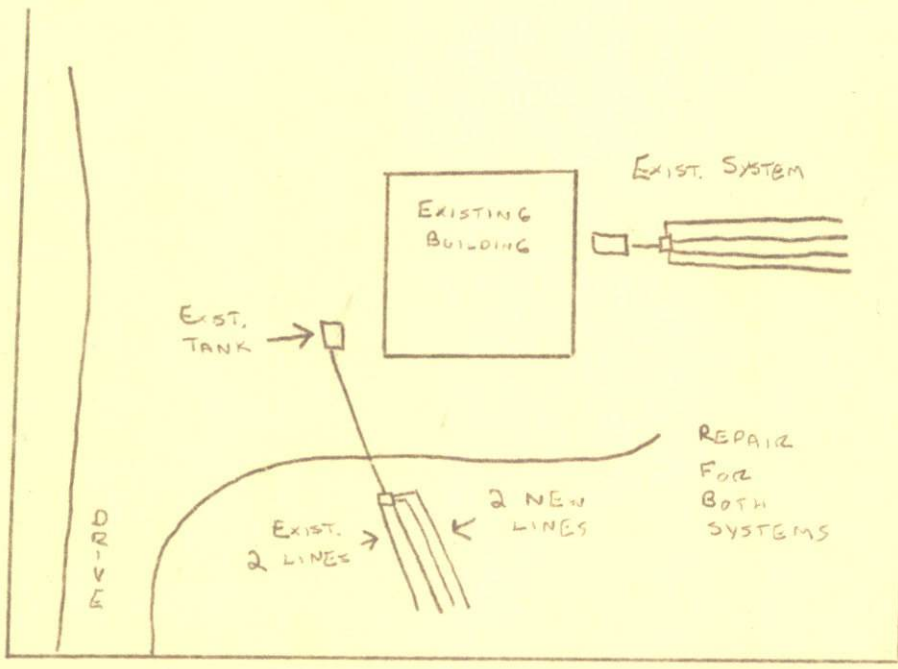
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 36 in.

French Drain Required: _____ Linear feet

Date: 1/28/02

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

Signed: [Signature]
Environmental Health Specialist



* NEW LINES TO RUN OUT OF EXISTING DISTRIBUTION BOX
+ MAINTAIN ALL SETBACKS

US 401

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 # 18693. 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.*

NEW BREEO BAPTIST CHURCH 910-822-1617
Name Telephone #

401 NORTH LILLINGTON NC 27546
Address

US401
Property Location SR# Road Name

9 ADDITIONAL DAY CARE 10 AC
Subdivision Lot # # Bedrooms Proposed CHILDREN Lot size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank Nitrification Lines

Conventional Other _____

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 36 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]
Signature of Authorized Agent for Harnett County

1/28/02
Date