

HTE 05-5001278 R

IMPROVEMENT PERMIT

22061

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) HEALING CENTER/ARYS INCORPORATED New Installation Septic Tank
 Property Location: SR# 2005 BRICK MILL RD Repairs Nitrification Line

Subdivision OGBURN MEADOWS Lot # 3+4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 190 MEMBER CHURCH w/ KITCHEN Lot Size: 2.34 AC

Basement with Plumbing: Garage:

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 FLOW EQUALIZATION SYSTEM

Size of tank: Septic Tank: 1750 gallons Pump Tank: 3000 gallons GREASE TRAP 1000 gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 101 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

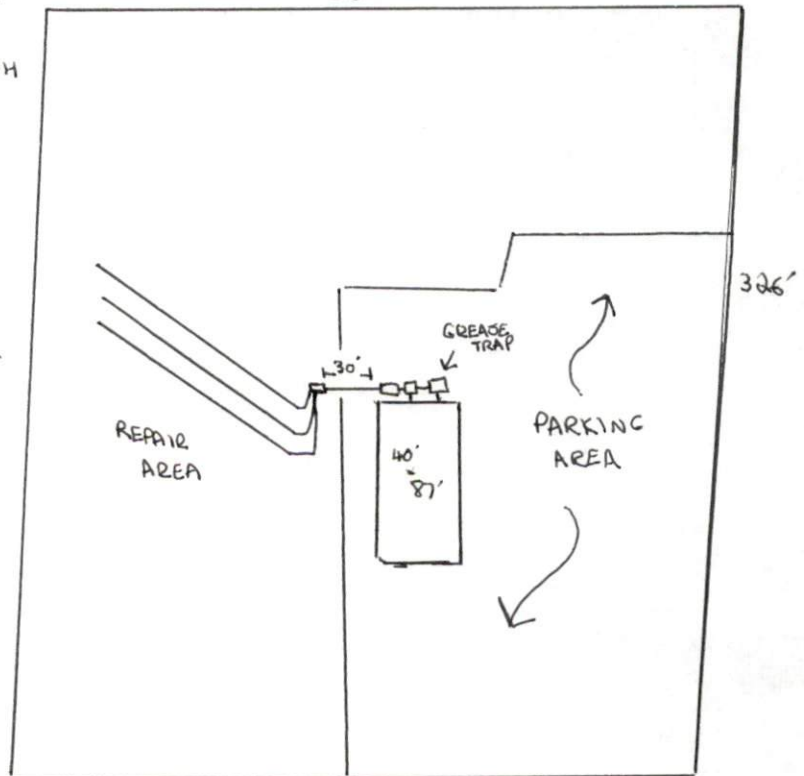
Date: 6/8/05 RS (OLIVER TOLKSDORF)

Signed: 6/8/05

Environmental Health Specialist
308'

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

- * SYSTEM TO DOSE 2X PER DAY FOR 3.5 MINUTES PER DOSE
- * PUMP SPECS - 40gpm @ 9.5' TDH
- * PRESSURE MANIFOLD SPECS
3" MANIFOLD (SCH 40)
3/4" TAPS
2' PRESSURE HEAD
6" TAP SEALING
- * SEE ATTACHED SHEETS FOR FLOAT REQUIREMENTS AND CONTROL PANEL REQUIREMENTS



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 # 22061. 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 HEALING CENTER Telephone # 919-785-9737

Address 6118 ST. GILES ST STE 130 RALEIGH NC 27612

Property Location SR# 2005 Road Name Beick Mill Rd

Subdivision OGBURN MEADOWS Lot # 4+3 # Bedrooms Proposed 190 MEMBER CH. + KITCHEN Lot Size 2.34 AC

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other FLOW EQUALIZATION TO CONV. LING
[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1750 gal Pump Chamber 3000 gal GREASE TRAP
1000 gal


NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 101 Ft.

Width of ditches 3 ft. Depth of ditches 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

6/8/05
Date