

HTE# 05-5-12654**IMPROVEMENT PERMIT** 22262

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) Fall Gospel Mission Church New Installation ☒ Septic Tank ☒ Repair ☐

Property Location: SR# 2014 Hall Rd. Nitrification Line ☒ Expansion ☐

Subdivision James S. Simmons Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 160 people @ 3 gal/seat 480 gal/seat Lot Size: 1 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50m 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: _____ gallons

Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 36-24 in.

French Drain Required: _____ Linear feet

Date: 10/25/2005

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

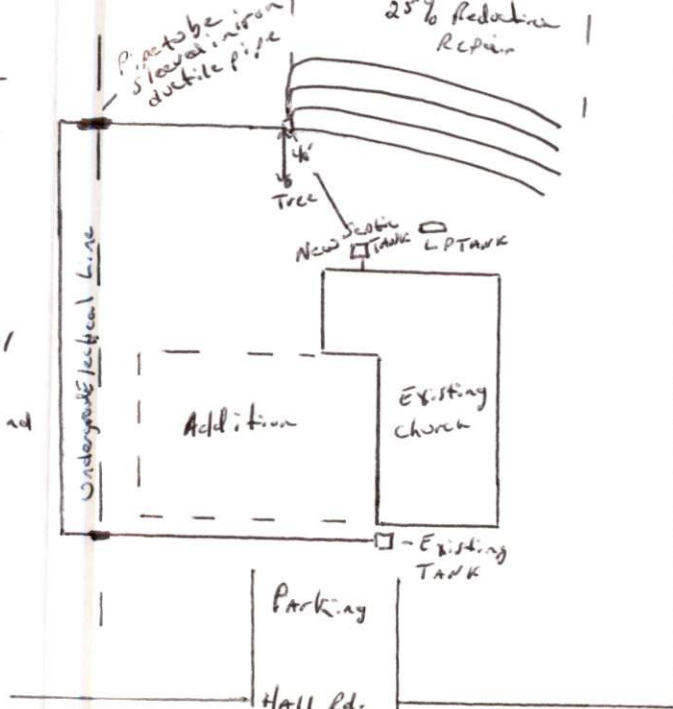
- * Maintain all setbacks
- * Contractor to call with any questions

2 options for system

① Use existing tank & run solid pipe w/ 1/8th of inch of fall per foot around addition, sleeving pipe under driveway area

② Set New TANK behind church

Signed: Bryan McLean R.S.
Environmental Health Specialist



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 # 22262. 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 Fall Gospel Mission Church Telephone # 897-6947

Address P.O. Box 622 Erwin, N.C. 28339

Property Location SR# 2014 Road Name H911

Subdivision James Simmons Lot # 1 # Bedrooms Proposed 100 seats @ 3 gal per 480 gal Lot Size 1.4c

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 36-24 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]
Signature of Authorized Agent for Harnett County

11/20/2005
Date