HTE# 08-5-19777

Harnen County Department of Public health

24737

Improvement Permit

ISSUED TO: MT. PISCAN PRESENTERAN CH SUBDIVISION	ATION: MT PISCONH CAUDEN RD
NEW REPAIR □ EXPANSION □	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: FELLOWSHIP HAZL (96252)	CA. TO BE ISSUED AFTER PROJECTED DAILY
Proposed Wastewater System Type: Conventional	
Projected Daily Flow: \500 GPD	FLOW HAS BEEN FINALIZED. 1500 GPD
Number of bedrooms: Number of Occupants: 300 max	
Basement 🗆 Yes 🔀 No	15 THE PROJECTED MAXIMUM DAILY From
Pump Required: ☐Yes ☐ No ☑May be required based on final location and eleva-	
Type of Water Supply: Community Public Well Distance from well	○○ feet Permit valid for: Five years
Permit conditions:	No expiration
	— and expiration
Authorized State Agent:: Date:	5 15 08 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit	t holder is responsible for checking with appropriate governing hodies in meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be	affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	,
<u>Construction</u> Au	thorization
(Required for Build	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 at	re incorporated by references into this permit and shall be more Systems shall be installed in accordance
with the attached system layout.	to meet by electricis into this period and shall be meet systems shall be instaned in accordance
ISSUED TO: Mr. PISCAH PRESENTERIAN CH. PROPERTY	M 0 0 0
DOUBLY 10: 171, 413 GAM TOESBYSTICIAN CIA. PROPERTY	LOCATION: MT. PISGRA CHURCARD DN LOT #
SUBDIVISIO	ONLOT #
Facility Type: FELLOWSHIP HOLL New Expans	
Basement? Yes No Basement Fixtures? Yes No	•
Type of Wastewater System** Conventional	(Initial) Wastewater Flow: _ ゅうつ GPD
(See note below, if applicable [])	(minus) Musicificiti How dip
Conventional	(Repair)
Installation Requirements/Conditions Number of trenches 3	
	(**************************************
Septic Tank Size 1000 gallons Exact length of each trench	133 feet Trench Spacing: 1 Feet on Center
Septic Tank Size 1000 gallons Exact length of each trench Pump Tank Size gallons Trenches shall be installed on co	133 feet Trench Spacing: 1 Feet on Center ontour at a Soil Cover: 6-18 inches
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Septic Tank Size 1000 gallons Exact length of each trench Pump Tank Size gallons Trenches shall be installed on co	feet Trench Spacing: 1 Feet on Center on Feet on Center
Septic Tank Size 1000 gallons Exact length of each trench	feet Trench Spacing: 1 Feet on Center ontour at a Soil Cover: 6-18 inches Maximum soil cover shall not exceed
Septic Tank Size gallons	feet Trench Spacing: Feet on Center ontour at a Soil Cover: inches S-30
Septic Tank Size 1000 gallons Exact length of each trench	feet Trench Spacing: Feet on Center Soil Cover: inches S-36
Septic Tank Size 1000 gallons Exact length of each trench Pump Tank Size gallons Trenches shall be installed on comparison of the first	feet Trench Spacing: 1 Feet on Center Soil Cover: 6-18 inches (Maximum soil cover shall not exceed 36" above the trench bottom) Aggregate Depth: 2 inches above pipe
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Septic Tank Size	feet Trench Spacing:
Septic Tank Size	feet Trench Spacing:

Harnett County Department of Public Health Site Sketch

ISSUED TO: MT. PLESCH PRESENTESSIAN CHURCH SUBDIVISION	LOT #
Authorized State Agent: RS COLIVER TOLKSDOB Date: 7 18 08	20. //
EXISTIN 6 FACILITY	
FELLOWAY HALL	Er P-NGAG UF R9
30' X 140' CONVENTIONAL REPAIR AREA	