

HARNETT COUNTY HEALTH DEPARTMENT

HTE 055001153

IMPROVEMENT PERMIT

21816

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) Jonathan Newton ☒ New Installation ☒ Septic Tank
Property Location: SR# NC 24 ☐ Repairs ☒ Nitrification Line
Emmanuel Baptist Church

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Church Lot Size: 8.29 AC

Basement with Plumbing: ☐ Garage: ☐ (1000 gal Flow per day)

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 _____

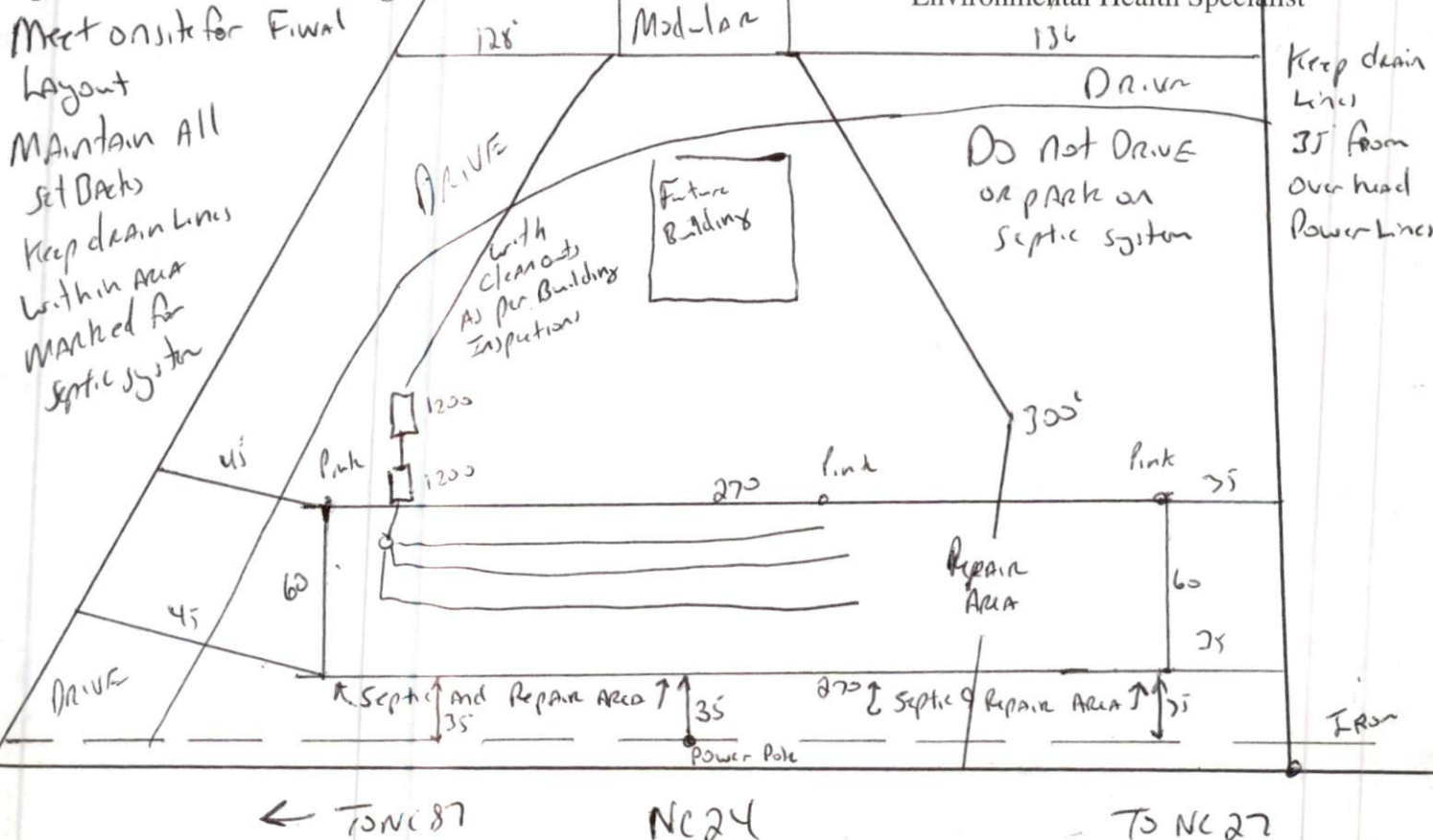
Size of tank: Septic Tank: 2(1200) gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 190 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet 135 To rear property line
Date: 04-01-05

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

Signed: Jon Newton
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 # 21816. 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.*

Jonathan Newton
Name _____ Telephone # _____
Address _____
N124
Property Location SR# _____ Road Name _____
Subdivision _____ Lot # _____ Church 1000 gal/dm
Bedrooms Proposed _____ Lot Size _____

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 2x1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 190 Ft.
Width of ditches 3 ft. Depth of ditches 18.24 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.

Joe West RS
Signature of Authorized Agent for Harnett County

04-01-05
Date