

03-5-6313-REV

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 CHRISTIAN CENTER New Installation Septic Tank
Property Location: SR# 401 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 35 CHILDREN + STAFF DAYCARE Lot Size: 7.41 AC

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 PUMP TO CONVENTIONAL

Size of tank: Septic Tank: 1500 *SEE BELOW gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: EMERGED 03
Signed: [Signature] Environmental Health Specialist

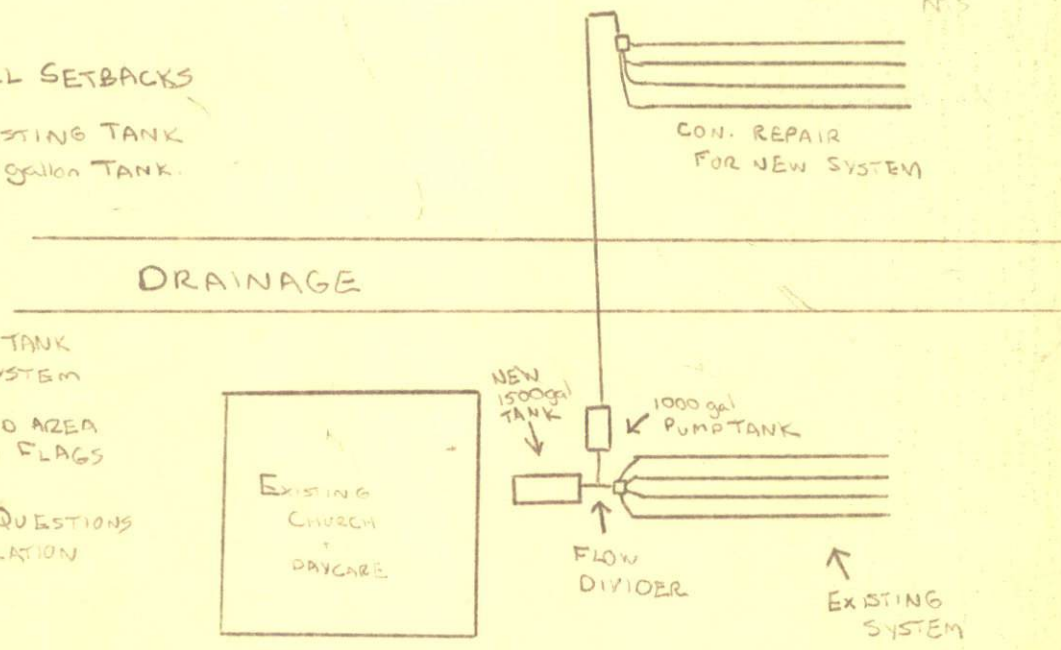
This permit is subject to revocation if site plans or intended use change.

EXISTING BUILDING

DRAWING N.E.S.

- * MAINTAIN ALL SETBACKS
- * REPLACE EXISTING TANK WITH 1500 gallon TANK.

- * INSTALL FLOW DIVIDER TO SPLIT FLOW BETWEEN PUMPTANK AND EXISTING SYSTEM
- * NEW SEPTIC FIELD AREA BOUNDED BY RED FLAGS
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 19832. 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 NEW BREED CHRISTIAN CENTER Telephone# 910-814-9202

Address 3900 US 401 N FURQUAY-VARINA NC 27526

Property Location SR# 401N Road Name _____

Subdivision _____ Lot # 35 CHILDREN + STAFF DAYCARE # Bedrooms Proposed _____ Lot Size 7.41 ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other PUMP TO CONVENTIONAL

Basement With Plumbing Without Plumbing

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

Septic Tank 1500 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 1000 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 2/27/03