

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 Baptist Church New Installation Septic Tank
Property Location: SR# 401 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 100 capacity church Lot Size: 10.01 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 _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

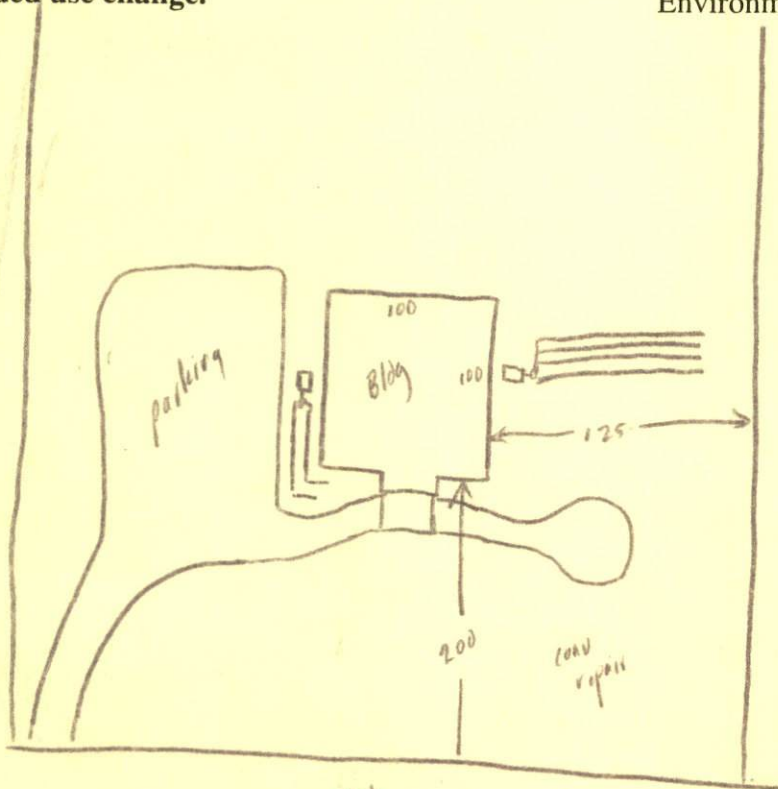
Subsurface Drainage Field No. of 2 exact length 75 width of _____ depth of _____
ditches 4 of each ditch 700 ft. ditches 3 ft. ditches 18-22 in.

French Drain Required: _____ Linear feet

Date: 9-21-99

Signed: Thomas J. Boyce R.S.
Environmental Health Specialist

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



Maintain setbacks

★ Contractor to meet on site prior to installing

1st system
1000 gal septic tank
2 - 75' lines
filter

2nd system
1000 gal septic tank
4 - 100' lines
Zabel A 300 filter

* Stub plumbing shallow

401

HARNETT COUNTY HEALTH DEPARTMENT
A UTHORIZATION TO C NSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16382. 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.

Owner or Authorized Agent New Breed Baptist Church

Name: John McNeill Telephone # 822-1617

Address: 108 Wolfpoint Dr. Fayetteville NC 28311

Property Location: SR # 401 Road Name _____

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 100 capacity Lot size: 10,01 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank ¹⁰⁰⁰1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field ²4 Length of lines ⁷⁵100

Width of ditches 3 ft. Depth of ditches 18-22 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.

Authorized Agent for Harnett County Health Department

Name: Thomas G. Boye R.S. Date: 9-22-99