

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 09726-A. 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, plans, or intended use change.

Owner or Authorized Agent Old Fashion Ind. Baptist Church

Name: Robert Davis Pastor Telephone # 258-3529

Address: P.O. Box 1216 Broadway NC 27505

Property Location: SR# 1215 Road Name Roscoe-P. Hman Rd

New Installation Repair Septic Tank Nitrification Lines

Subdivision Larry O. Thomas Phase 1 Lot # 1

Number of Bedrooms Proposed: _____ Lot Size: 3.39

Placement With Plumbing Without Plumbing

Water Supply: Well Public Church with 100 members
At 5 gal/member = 500 gal/day

Minimum Well Setback: 50 min ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1200 gallons, Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 3 Length of Lines 200

Width of Ditches 3 ft. Depth of ditches 18 inches

Each Drain: Linear feet required _____ Depth of gravel _____

This 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 of Harnett County Health Department

Name: Jim W. A. RS Date: 2-14-96