

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) Linden Chapel Holiness Church / Carolina Coast

☒ New Installation ☒ Septic Tank

Property Location: SR# 2031

☒ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 50 person cap. church + fellowship hall Lot Size: .8 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 fill system

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

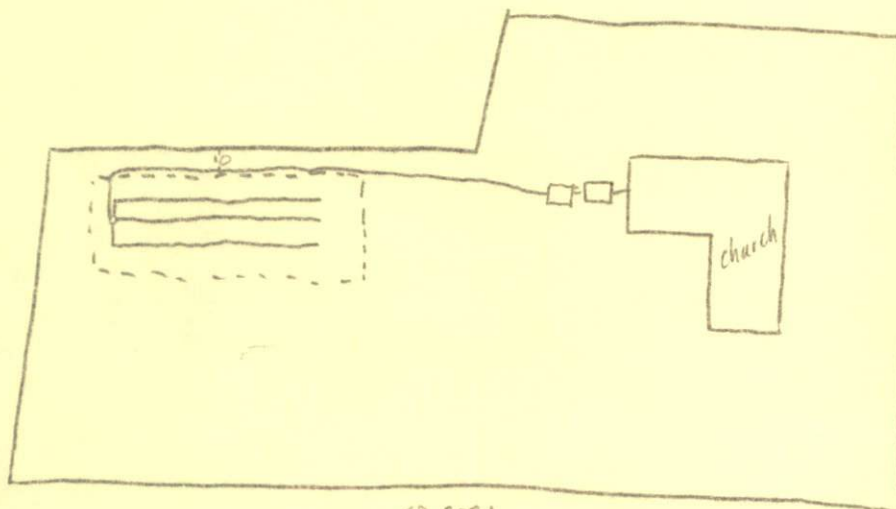
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 70 ft. ditches 3 ft. ditches 19 in.

French Drain Required: _____ Linear feet

Date: 7-11-97

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

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



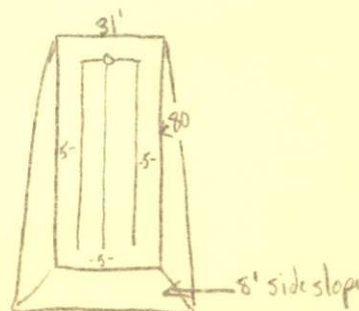
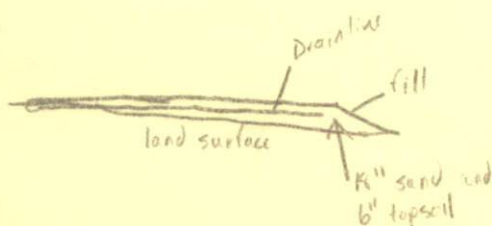
SR 2031

Maintain Setbacks

Contractor to meet on site prior to any work

Start lines at 18" in original soil, keep lines level & have them end 18" in the fill. Must use 6' pipe that will allow 5" drawdown

No driving or parking on system



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 # 12811. 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 Linden Chapel Holiness Church

Name: Carolina Coast

Telephone # _____

Address: _____

Property Location: SR # 2031

Road Name Wive Rd

New Installation ☒

Repair _____

Septic Tank ☒

Nitrification Lines ☒

Subdivision _____

Lot # _____

Number of Bedrooms Proposed: 50 cap church

Lot size: .8 ac

Basement _____

With Plumbing _____

Without Plumbing _____

Water Supply: Well _____

Public ☒

Minimum Well Setback: 100 ft.

Type of System: Conventional _____

Other Pump to fill system

Tank Volume: Septic Tank 1000 gallons

Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 70

Width of ditches 3 ft. Depth of ditches 18 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 J. Boyce A.S.

Date: 7-14-97