

HTE# 14-5-34562

Harnett County Department of Public Health

28043

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 1766 NC27 WEST

ISSUED TO: HOLY DELIVERANCE SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: FELLOWSHIP HALL (80'x40')

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 351 GPD

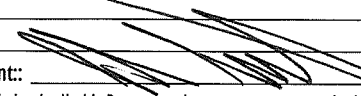
Number of bedrooms: _____ Number of Occupants: 117 max

Basement Yes No

Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well 100 feet

Permit conditions: NO KITCHEN IN FACILITY Permit valid for: Five years No expiration

Authorized State Agent:  REHS Date: 10/7/14 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: HOLY DELIVERANCE PROPERTY LOCATION: 1766 NC27 WEST

Facility Type: FELLOWSHIP HALL New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 351 GPD

(See note below, if applicable)

25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions Number of trenches 4

Septic Tank Size EXISTING gallons Exact length of each trench 65 feet Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches

Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed

(Trench bottoms shall be level to +/- 1/4" 36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe

Aggregate Depth: _____ inches above pipe

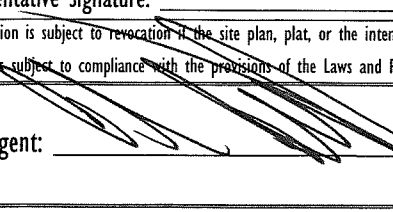
Conditions: _____ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent:  REHS Date: 10/7/14
Construction Authorization Expiration Date: 10/7/19

HTE# 14-5-34562

Permit # 28043

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 1766 NC27WEST

ISSUED TO: Holy Communion SUBDIVISION _____ LOT # _____

Authorized State Agent: GENS (OLIVER TOLSON) Date: _____

