

HTE REPAIR

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) JOHNSONVILLE COMMUNITY CENTER New Installation Septic Tank
Property Location: SR# Hwy 24/27 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: 2 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 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

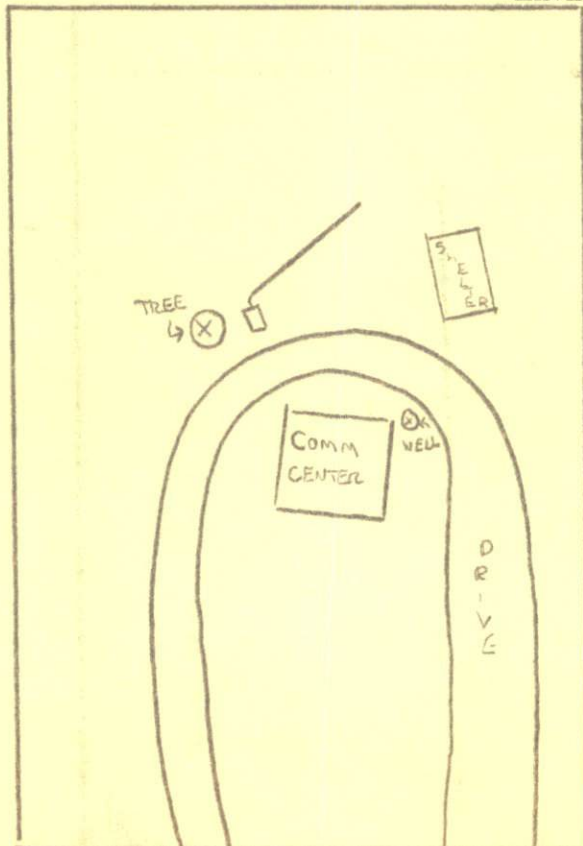
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 30 in.

French Drain Required: _____ Linear feet

Date: 6/24/04

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

Signed: [Signature] Environmental Health Specialist



- * MAINTAIN ALL SETBACKS
- * WELL TO BE PROPERLY ABANDONED.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20842. 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 JOHNSONVILLE COMMUNITY CENTER CONTACT TOM DAVIS Telephone # 499-5434
Address 2080 Hwy 24/27 1046 PONDEROSA TR. CAMERON NC 28326
Property Location SR# Hwy 24/27 Road Name _____
Subdivision _____ Lot # _____ # Bedrooms Proposed COMMUNITY CENTER Lot Size 2 AC.

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 50 Ft.
Width of ditches 3 ft. Depth of ditches 30 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] RS Date 6/24/04
Signature of Authorized Agent for Harnett County