

Initial Application Date: 2-14-14

Application # 1650038023  
CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: Randy & Melanie Johnson Mailing Address: 5116 CW Johnson Ln  
City: Lillington State: NC Zip: 27546 Contact No: 919 902 8296 Email: randy4wooten@gmail.com  
919 723 3724

APPLICANT\*: same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 5.08 AC  
State Road # — State Road Name: CW Johnson Ln Map Book & Page: 2010/20  
Parcel: 100567 0016 04 PIN: 0567-67-1451.00  
Zoning: RA20R Flood Zone: X Watershed: III Deed Book & Page: 3367/125 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
- Mod: (Size 76 x 30.4) # Bedrooms 3 # Baths 2 Basement (w/wo bath) n/a Garage: n/a Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no ? 12x24 Front Porch
- Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes ( / ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

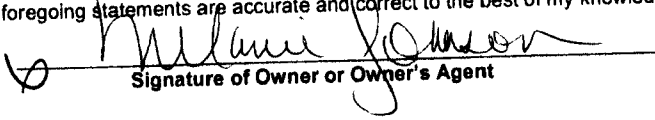
Front	Minimum _____	Actual <u>86</u>
Rear	_____	<u>132</u>
Closest Side	_____	<u>1166</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

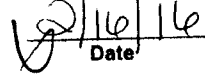
Comments: Future Garage / Deck / Pool

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:**

left on Titan Roberts Rd  
Rt. onto CW Johnson Ln  
all the way back

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
Signature of Owner or Owner's Agent

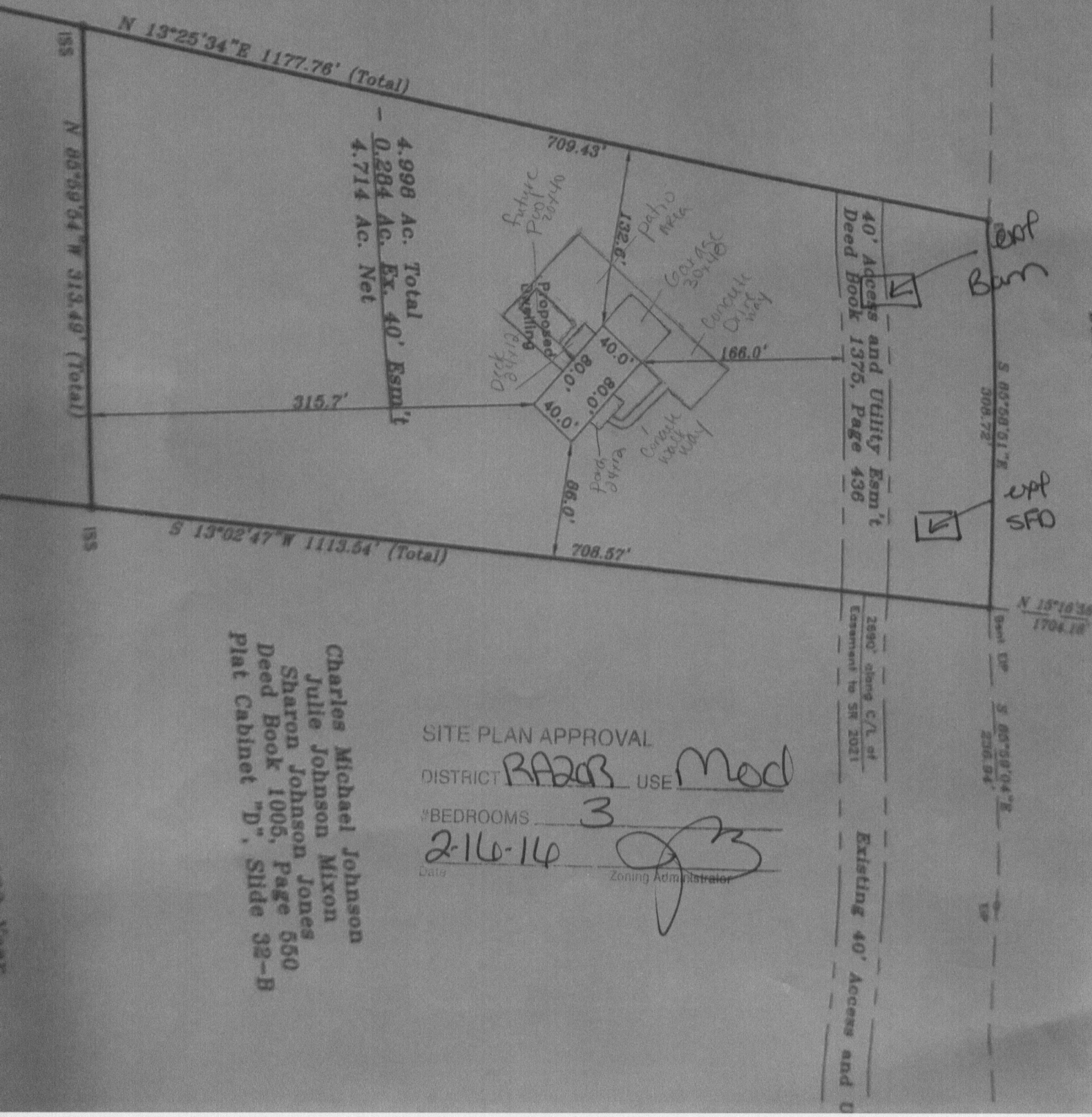
  
Date

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

Charles Michael Johnson  
 Julie Johnson Nixon  
 Deed Book 1005, Page 550  
 Cabinet "D", Slide 32-B

GOOD HAZARD STATEMENT  
 of Lots shown on this plat  
 within the FEMA 100 year  
 Flood Hazard Area as shown  
 Map No. 3720056600J  
 Date: October 3, 2006



4.998 Ac. Total  
 0.284 Ac. Ex. 40' Esm't  
 4.714 Ac. Net

40' Access and Utility Esm't  
 Deed Book 1375, Page 436

SITE PLAN APPROVAL  
 DISTRICT RA203 USE Mod  
 #BEDROOMS 3  
 Date 2-16-14 Zoning Administrator [Signature]

Charles Michael Johnson  
 Julie Johnson Nixon  
 Sharon Johnson Jones  
 Deed Book 1005, Page 550  
 Plat Cabinet "D", Slide 32-B

2590' along C/L of  
 Easement to SR 2021

Existing 40' Access and U

NAME: Melanie Johnson

APPLICATION #: 1650038023

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System Code 800**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (*if possible*) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?  
 If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Melanie Johnson  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/16/16  
DATE

Att Jennifer

09/09/11

Application #

16-50038023

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7625 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name Randy + Melonie Johnson

Date 5/24/16

Site Address 515 CW Johnson Ln

Phone 919-902-8296

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_

Lot \_\_\_\_\_

Description of Proposed Work OFF Frame Modula

# of Bedrooms 3

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_

Finished Bonus Room? \_\_\_\_\_

Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Raven Logic with Movers

919-775-3600

Building Contractor's Company Name

Telephone

3335 NC Hwy 87 S Sanford

N/A

Address

Email Address

3400

License #

**Electrical Contractor Information**

Description of Work Electrical Hook up Service Size 200 Amps T-Pole Yes No

Carolina

Electrical Contractor's Company Name

Telephone

Address

see next page

Email Address

License #

**Mechanical/HVAC Contractor Information**

Description of Work Install Heatpump

Carolina Air Inc

919-775-3600

Mechanical Contractor's Company Name

Telephone

3700 Hwy 15-501 Carthage

Email Address

Address

23549

License #

**Plumbing Contractor Information**

Description of Work Hook up water/sewer

# Baths 2

Randy Johnson

919-902-8296

Plumbing Contractor's Company Name

Telephone

515 CW Johnson Ln

N/A

Address

Self

Email Address

License #

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address

N/A

Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

09/09/11

Application #

16-500-38023

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name Randy + Marlene Johnson Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Hook up Electrical Service Size 200 Amps T-Pole  Yes  No

Electrical Contractor's Company Name Heaton Construction

Telephone 919-935-3112

Address 309 Long Circle Roanoke Rapids NC

Email Address N/A

License # 17702

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_

Telephone \_\_\_\_\_

**\*NOTE General Contractor must fill out and sign the second page of this application**

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00 After 2 years re-issue fee is as per current fee schedule

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

5/24/16  
Date

**Affidavit for Worker's Compensation N C G S 87-14**

The undersigned applicant being the

General Contractor  Owner  Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name Rama Rock m+H Maurer

Sign w/Title Baley Syggs / supervisor Date 5/24/16

16-50038023

**NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND**

# LSM0874536

WE, EJ Womack DBA Raven Rock Mobile Home Movers  
as principal, located at 3336 NC HWY 87 Sanford, NC 27332  
and RLI Insurance Company (surety) of Peoria, IL 61612-3967 (address) a corporation incorporated under the laws of the State of  
Illinois and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and  
bound to the County of Harnett (city or county inspection  
department) in the sum of Five Thousand and 00/100  
( \$ 5,000.00 ) dollars for which payment we bind ourselves and our legal representatives jointly and severally.

**THE CONDITION OF THIS OBLIGATION IS SUCH**, that whereas the principal has entered into a contract for the set-up and installation of the modular building described herein;

**NOW, THEREFORE**, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full force and effect.

It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:  
Street 515 CW Johnson Ln  
City Lillington, North Carolina
3. This bond will remain in full force and effect for one year following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the County of Harnett (city or county inspection dept.).
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that his bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the 12th day of May, 2016, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

EJ Womack DBA Raven Rock Mobile Home Movers

[Signature]  
Signature of Principal  
President  
Title

RLI Insurance Company

Surety by [Signature]  
(signature)  
Wendy Holder  
(printed name)  
Title Attorney in Fact



Address P.O. Box 3967  
Peoria, IL 61612-3967

N.C. Resident Agent Bowen Insurance Agency, Inc.  
300 Carthage St.  
Sanford, NC 27330  
Address

Power of Attorney Attached





RLI Insurance Company  
 P.O. Box 3967 Peoria IL 61612-3967  
 Phone: (309)692-1000 Fax: (309)683-1610

# POWER OF ATTORNEY

**RLI Insurance Company**

Bond No. LSM0874536

**Know All Men by These Presents:**

That the RLI Insurance Company, a corporation organized and existing under the laws of the State of Illinois, and authorized and licensed to do business in all states and the District of Columbia does hereby make, constitute and appoint: Wendy Holder in the City of Sanford, State of North Carolina, as Attorney In Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds, undertakings, and recognizances in an amount not to exceed Ten Million and 00/100 Dollars (\$10,000,000.00) for any single obligation, and specifically for the following described bond.

**Principal:** EJ Womack DBA Raven Rock Mobile Home Movers  
**Obligee:** County of Harnett  
**Type Bond:** Modular Building, Setup and Installation Contractor  
**Bond Amount:** \$ 5,000.00  
**Effective Date:** May 12, 2016

The RLI Insurance Company further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company, and now in force to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the RLI Insurance Company has caused these presents to be executed by its Vice President with its corporate seal affixed this 12th day of May, 2016.

ATTEST:

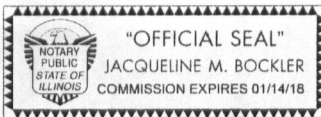
Cherie L. Montgomery  
 Cherie L. Montgomery Assistant Secretary



RLI Insurance Company  
B. W. Davis  
 Barton W. Davis Vice President

On this 12th day of May, 2016 before me, a Notary Public, personally appeared Barton W. Davis and Cherie L. Montgomery, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said RLI Insurance Company, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Jacqueline M. Bockler  
 Jacqueline M. Bockler Notary Public



HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

-----  
Application Number . . . . . 16-50038023 Date 5/24/16  
Intersection . . . . .  
Property Address . . . . . 516 C W JOHNSON LN  
PARCEL NUMBER . . . . . 10-0567- - -0016- -04-  
Application type description CP MODULAR HOME  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20R

Owner

-----  
JOHNSON RANDY C & MELANIE B  
516 C W JOHNSON LANE  
LILLINGTON NC 27546

Contractor

-----  
RAVEN ROCK MOBILE HOME MOVER  
3335 NC 87 HWY.  
SANFORD NC 27332  
(919) 775-3600

Applicant

-----  
JOHNSON RANDY C  
JOHNSON MELANIE B  
516 C W JOHNSON LN  
LILLINGTON NC 27546  
(919) 902-8296

--- Structure Information 000 000 76X30.4 3BDR MOD W/ 12X24 F.PORCH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

-----  
Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1138692  
Issue Date . . . . . 5/24/16  
Expiration Date . . . . . 11/20/16

Valuation . . . . . 0

-----  
Permit . . . . . MODULAR PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1138684  
Issue Date . . . . . 5/24/16  
Expiration Date . . . . . 5/24/17

Valuation . . . . . 221280

Special Notes and Comments

T/S: 02/16/2016 03:18 PM JBROCK ----  
LEFT ON TITAN ROBERTS RD R ONTO C W  
JOHNSON LN ALL THE WAY BACK

-----  
\_\_\_\_\_  
\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50038023	Page	2
Property Address . . . . .	516 C W JOHNSON LN	Date	5/24/16
PARCEL NUMBER . . . . .	10-0567- - -0016- -04-		
Application description . . . . .	CP MODULAR HOME		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-20R		

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
-----					
			Permit type . . . . . MODULAR PERMIT		
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-40	119	B119	R*MOD MARRIAGE WALL	_____	___/___/___
40-50	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-50	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-50	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-50	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___