

HTE# DL-5-14222

IMPROVEMENT PERMIT 22863

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) Rayson Builders INC New Installation Septic Tank Repair
Property Location: SR# 1429 Chalylbent Nitrification Line Expansion
Subdivision DEXTERFIELD Lot # 69
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 BRN 3606PO Lot Size: .363

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 25% Reduction System

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 ft. of each ditch 120 ft. ditches 3 ft. ditches 26-15 in.

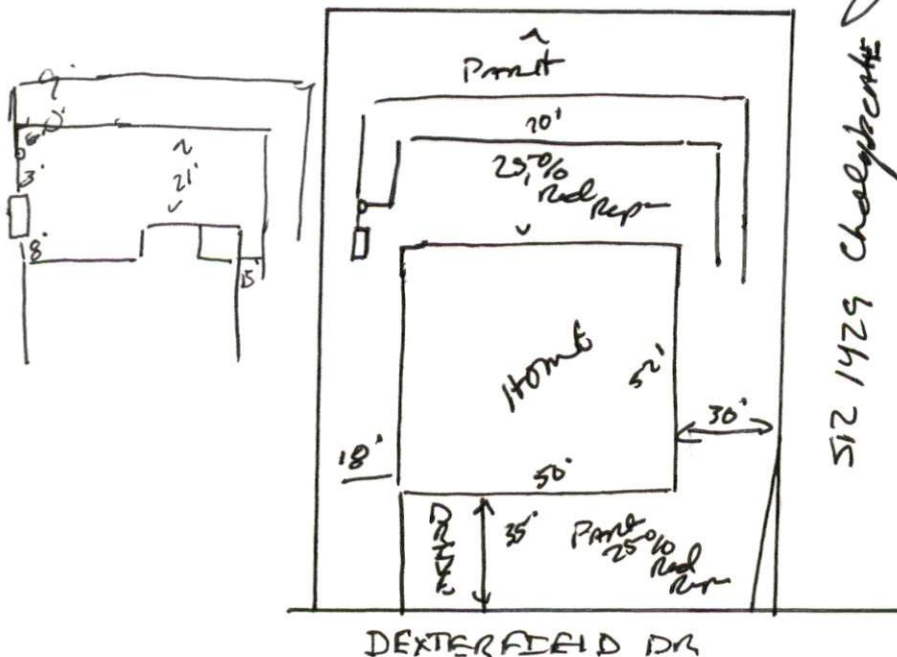
French Drain Required: - Linear feet

Date: 3-29-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Mankant
Environmental Health Specialist



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 # 22863. 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 Raynor Builders Telephone # 919-633-2011

Address 1281 Jackson King Rd Willow Springs N.C. 27592

Property Location SR# 1429 Road Name Chalybeate

Subdivision DEARBORN Lot # 69 # Bedrooms Proposed 3 Lot Size 3606PS 1363

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Red Repair

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1600 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 26-18 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.

James E. Manhattan
Signature of Authorized Agent for Harnett County

3-28-06
Date