

01-5-3343

HARNETT COUNTY HEALTH DEPARTMENT

No 18625

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) Rayson Properties New Installation Septic Tank
Property Location: SR# 1456 Hillman Repairs Nitrification Line

Subdivision CALVENS PLACE Lot # 18

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .58

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

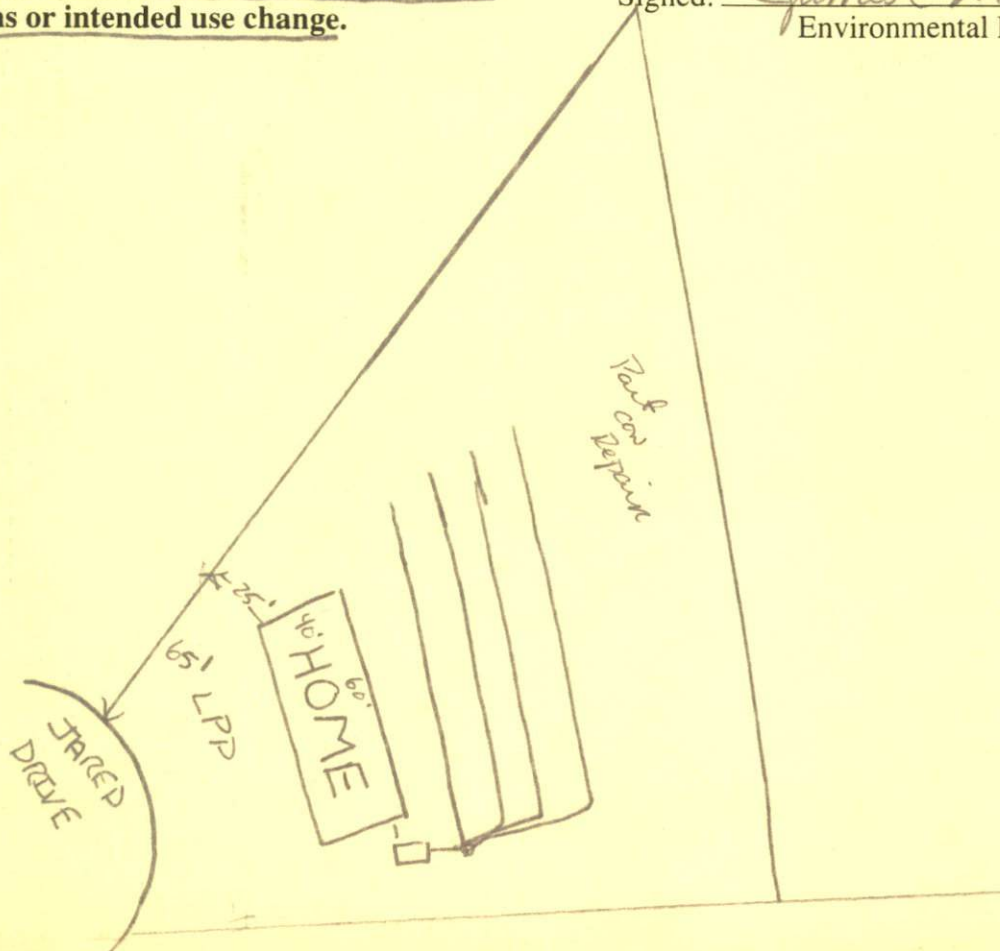
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 18-20 in.

French Drain Required: - Linear feet

Date: 11-16-01

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

Signed: James C. Mankart Env. H.S.
Environmental Health Specialist



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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 # 18625. 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 Properties Telephone # 638-2011

Address P.O. BOX 846 Angier N.C.

Property Location SR# 1456 Road Name Hilland

Subdivision Calver's Place Lot # 18 # Bedrooms Proposed 3 Lot size .58

TYPE OF SYSTEM

[New Installation] [Repair] [Septic Tank] [Nitrification Lines]

[Conventional] Other _____ [Basement] [With Plumbing] [Without Plumbing]

Water Supply: [Well] [Public - Minimum Well Setback: 58' Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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 of Authorized Agent for Harnett County James E. Manhart Date _____