

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) Raynor Properties

New Installation Septic Tank

Property Location: SR# 1456 Hilliard

Repairs Nitrification Line

Subdivision Calvin Place Lot # 24

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .61

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 FEK-272 LAG IN WS-SS-30

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

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

French Drain Required: _____ Linear feet

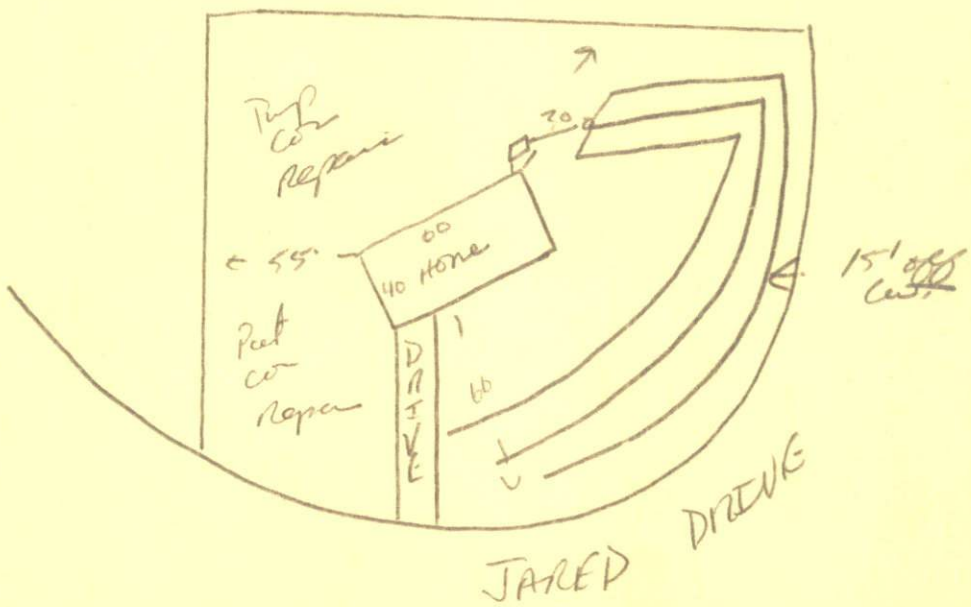
Date: 12-21-01

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

Signed: James C. Markham

Environmental Health Specialist

* Maintain all setbacks!



#01-5-3349

ARNETT 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 # 18647. 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 # 639-2011

Address P.O. Box 864 Angier N.C. 27502

Property Location SR# 1456 Road Name Hillier

Subdivision Calvin Place Lot # 24 # Bedrooms Proposed 3 Lot size .61

TYPE OF SYSTEM

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

Conventional Other REG-DOLLAR [] Basement [] With Plumbing [] Without Plumbing

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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 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. Montfort Date 12-21-07