11:30

Rockingham County Department of Public Health

Permit Number PD51297-2

X Authorization for Wastewater System Construction (Expires five years from date of issuance.)
___ Operation Permit II System Classification Type ___ Authorization to Connect to Wastewater System

TAX PIN NUMBER: 79350083642900

PROPERTY INFORMATION	OWNER INFORMATION
Road Name: BEAR	HEIRS OF NATHAN MOREFIELD
Subd/Park: HEIRS OF NATHAN MOOREFIELD	C/O 327 TOBACCO
Section :	MADISON NC 27025
Lot # : 3	
Lot Size : 4A	Water Supply : PRIVATE WELL

DIRECTIONS TO PROPERTY

BEAR ROAD

__House	3 #bedrooms
X Mobile Home	2 #people
__Business	___#bath
__Apt/Condo	NO basement
__Other_____	___basement w/ plumbing
_____	

TYPE SYSTEM

X New	X Conventional
___Repair	___L.P.P.
	___Sand Filter
	___Pit Privy
	___Other_____

IMP Name Date

Permit subject to revocation if site plans/intended use changes.

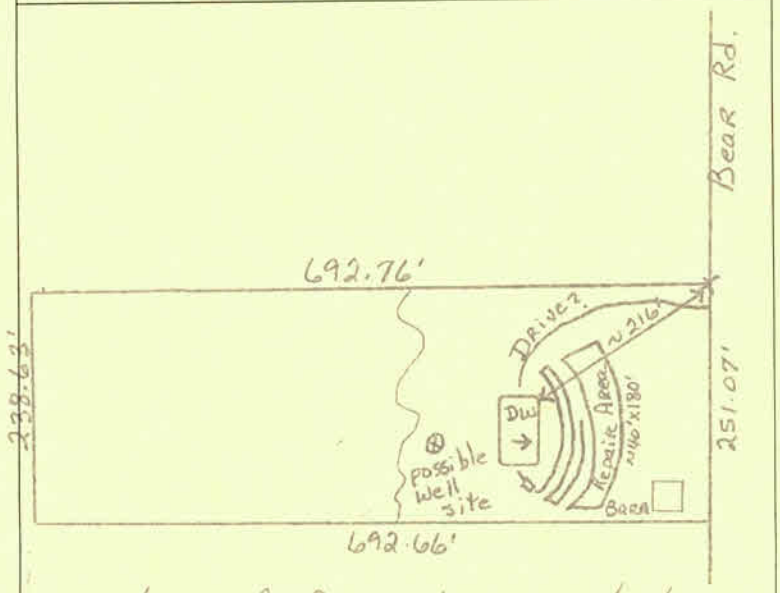
Gann Bros.
INSTALLER

INSTALLATION CONDITIONS
Install drainfield on contour. Driveway must not run over any part of system. Landscape as soon as possible to prevent erosion

3/5/97

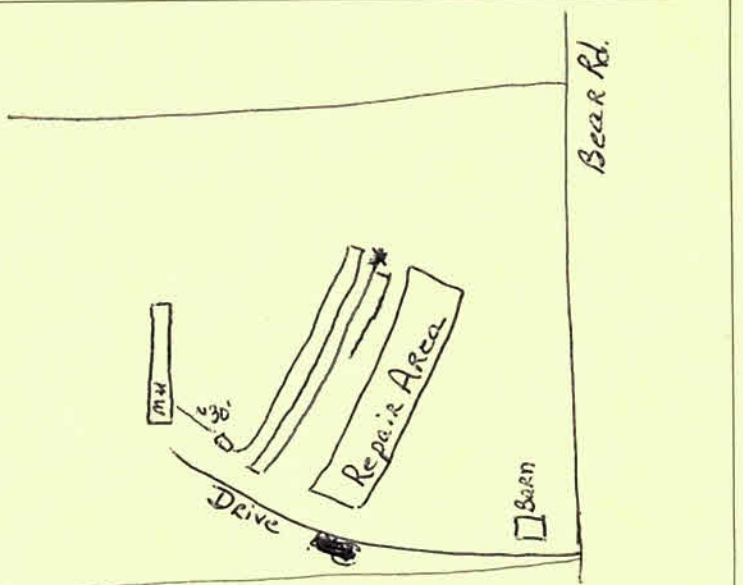
LAYOUT	SPECIFICATIONS	INSTALLED
1000 gal	Tank size 1000/# GBS STB855-1000	
1290	Drainfield sq ft	1290
priv. well	Water Supply	Well
1	# of lines	1
430'	Total length of lines	430'
24"	Trench depth	24"
36"	Trench width	36"
6"	Depth of rock below pipe	6"
12"	Total rock depth	12"
5'	Distance to foundation	>5'
10'	Distance to property lines	>10'
50' min.	Distance to well	~70'
County	Zoning jurisdiction	County
	Water Shed	

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION



Signed: Hazel S. Puckett, RS Date: 5/12/97

OPERATION PERMIT



Signed: Hazel S. Puckett, RS Date: 5/16/97

APPEALS: By written petition to the Office of Administrative Hearings, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447. In accordance with GS.150B-23(a) **THIS PERMIT** may be suspended or revoked upon a finding that a violation of ...this Chapter, The Rules... or a condition imposed upon the pemit has occurred...Also upon a finding that its issuance was based on incorrect or inadequate information...GS.130A-23(a)(c)(d).

EH09TH96.SAM

ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
GOVERNMENTAL CENTER - POST OFFICE BOX 204
WENTWORTH, NORTH CAROLINA 27375-0204
910-342-8180

IMPROVEMENT PERMIT

NOTE: This improvement permit **DOES NOT** authorize the construction or installation of a septic tank system or any wastewater system. An **Authorization for Wastewater System Construction** must be obtained from our Department prior to the construction/installation of a system or the issuance of a building permit.

TAX PIN NUMBER: 79350083642900

PROPERTY INFORMATION

Road Name: BEAR
Subd/Park: HEIRS OF NATHAN MOOREFIELD
Section :
Lot # : 3

Lot Size : 4A

OWNER INFORMATION

HEIRS OF NATHAN MOREFIELD
C/O 327 TOBACCO
MADISON NC 27025

Water Supply : PRIVATE WELL

RESIDENTIAL SPECIFICATIONS

Number Bedrooms : 03
Number Occupants: 002
Building Type : HOUSE

COMMERCIAL SPECIFICATIONS

Facility Type: ++++++++++++++++++++
Number Employees :
Number per Shift :
Industrial Waste : NO

DIRECTIONS TO PROPERTY

BEAR ROAD

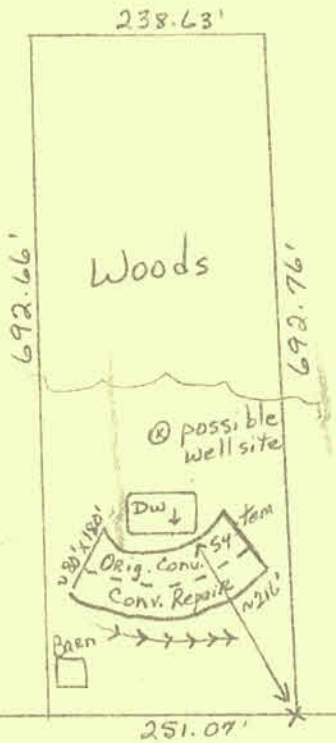
Design Wastewater Flow 360 LTAR 0.28
New Site X Repair Site
Type System: Conventional X Conventional-Pump
LPP PPBPS System Other
Required Site Modifications/Conditions
Driveway must not run over any part of system

Grease Trap/Pretreatment Requirements

A plat of the property showing specific locations must be attached for this improvement permit to be complete. **THIS PERMIT IS SUBJECT TO REVOCATION OR SUSPENSION IF THE SITE PLANS OR THE INTENDED USE CHANGE, THE SITE OR SOIL CONDITIONS ARE ALTERED, PERMIT CONDITIONS ARE NOT MET, OR UPON A FINDING THAT ITS ISSUANCE WAS BASED ON INCORRECT OR INADEQUATE INFORMATION.**

Appeals: By written petition to the Office of Administrative Hearings, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 in accordance with G.S. 150B-23(a).

Diagram of the existing/proposed facility and the specific site for the wastewater system.



Authorized Agent Hazel S. Puckett, RS Date 5/12/97

EH08NB95.SAM

1:45

ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
Governmental Center - Post Office Box 204
Wentworth, North Carolina 27375-8881
910-342-8180

APPLICATION FOR IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT

Tax Pin Number: 79350083642900 Received Date: 01/15/9

APPLICANT INFORMATION

Name : ~~SINGLETARY C LINDA~~ Heirs of Nathan Moorefield
Address: C/O 327 TOBACCO ROAD
MADISON NC 27025
Phone : 910 427 3922

OWNER INFORMATION

HEIRS OF NATHAN MOOREFIELD
C/O 327 TOBACCO ROAD
MADISON NC 27025
910

PROPERTY INFORMATION

Road Name: BEAR ROAD
Subd/Park:
Section :
Lot # :
Lot Size : 4A
Future Ad: NO

SYSTEM INFORMATION

Applicat.Type: NEW I.P. & ATC

Building Type: DOUBLE WIDE
Water Supply : PRIVATE WELL
Sewage Type : CONVENTIONAL SYSTEM
Constr.Status: PRE-CONSTRUCTION

RESIDENTIAL SPECIFICATIONS

Number Bedrooms : 03
Number Occupants: 002
Underground Tank :NO

COMMERCIAL SPECIFICATIONS

Facility Type: ++++++++++++++++++
Number Employees :
Number per Shift :
Industrial Waste : NO
Underground Tank : NO

DIRECTIONS TO PROPERTY

704 TO BALD HILL, L ON BEAR, PROPERTY ON L. CALL ROSALIND IF HAVE ANY QUESTIONS

Number Bedrooms in Original Residence ____ Existing Well on Property ____

APPLICANTS FOR IMPROVEMENT PERMITS ARE RESPONSIBLE FOR OBTAINING ZONING APPROVAL THROUGH THE ROCKINGHAM COUNTY DEPARTMENT OF PLANNING AND BUILDING INSPECTIONS.
**IMPORTANT: A plat or survey map must accompany all applications for improvement permits and tract evaluations. Clearly stake and flag all property lines and corners, and corners of all proposed structures. Tract evaluations do not guarantee any specific number of approved sites.

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Authorized County and State officials are granted right of entry to conduct necessary evaluations and inspections to determine compliance with applicable regulations. The owner/agent is solely responsible for compliance with applicable governing regulations. Improvement permits are valid for 5 years and are subject to revocation if the site plans or the intended use change.

Owner/Agent Signature_____ See Attached

WELL INSPECTION CHECKLIST

Well Type _____ Depth _____ Date _____

Check Deficient Items or Items That Could Not Be Determined: _____Sanitary well seal installed - screened air vent where required, electrical conduit,grommet; _____Casing extending 6" or more above slab or floor; _____Approved grouting of annular space; _____Sloped and properly drained land surface; _____If provided, well house free of storage; _____Well proper distances from sources of contamination; _____Casing installed with bell end down on bored well: _____Sewage system appears to function properly.

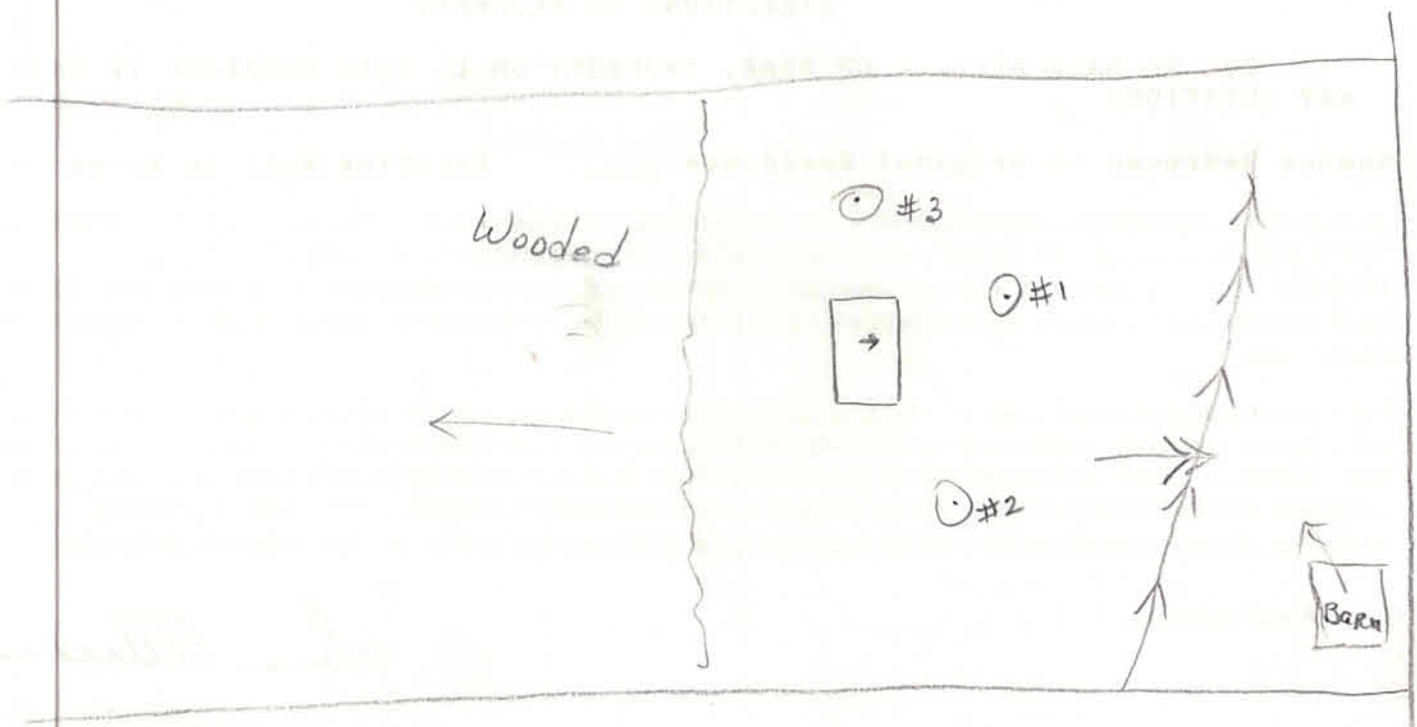
Water Sample Results_____ Comments_____

SITE EVALUATION FACTORS	PROFILE		PROFILE		PROFILE		PROFILE		PROFILE	
	1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	L	L	L							
SLOPE (%)	2-4%	4-6%	2-4%							
HORIZON I DEPTH	0-10"	0-8"	0-6"							
Texture Group	SCL	SCL	SCL							
Consistence	FR	FR	FR							
Structure	CR	CR	CR							
Mineralogy	-	-	-							
HORIZON II DEPTH	10-44"	8-30"	6-30"							
Texture Group	C/CL	C	C							
Consistence	Fi	Fi	Fi							
Structure	BK	BK	BK							
Mineralogy	SE	SE	SE							
HORIZON III DEPTH	>44"	30-40"	30-36"							
Texture Group	SAP	C/SAP	C/SAP							
Consistence		Fi/FR	Fi/FR							
Structure		BK/A	BK/A							
Mineralogy		SE	SE							
HORIZON IV DEPTH		40-48"								
Texture Group		SAP/C								
Consistence		FR								
Structure		A								
Mineralogy		-								
SOIL WETNESS										
RESTRICTIVE HORIZON										
SAPROLITE										
CLASSIFICATION	PS	PS	PS							
LONG-TERM ACCEPTANCE RATE	0.28	0.3	0.28							

SITE CLASSIFICATION: SITE LONG-TERM ACCEPTANCE RATE:

EVALUATED BY: H. Puckett 1/29/97 OTHER(S) PRESENT: Roz. Willard

REMARKS:



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ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
Governmental Center - Post Office Box 204
Wentworth, North Carolina 27375-8881
910-342-8180

APPLICATION FOR IMPROVEMENT PERMIT

Rosalind F. Willard, agent

TAX PIN # 7935(00)836429 APPLICANT NAME Singletary (LAST) Linda (FIRST) C. (MIDDLE)

DATE 1-14-97 MAILING ADDRESS 327 Tobacco Rd.

PHONE (DAY) 427-3922 CITY Madison STATE N.C. ZIP 27025

PROPERTY OWNER Heirs of Moorefield, Nathan (LAST, FIRST, MIDDLE) ADDRESS

PHONE CITY STATE ZIP

ROAD NAME/SR # Bear Rd. LOT SIZE (ACRES) * See Below

SUBDIVISION /MOBILE HOME PARK SEC LOT #

Type of Application
- X New Septic System
- ___ Repair to Old System
- ___ Evaluation Only (one site)
- ___ Tract Evaluation ____ Acres

THIS EVALUATION DOES NOT GUARANTEE ANY SPECIFIC NUMBER OF APPROVED SITES.

ZONING APPROVAL
YES ___ NO ___

Building Type
- X Double Wide Mobile Home
- ___ House - Basement __ yes __ no
- ___ Basement with Plumbing
- ___ Modular Home
- ___ Single Wide Mobile Home
- ___ U-Multiple Family Residence
- ___ Other - Commercial

RESIDENTIAL SPECIFICATIONS

Number of Bedrooms 3 Number of Occupants 2 Underground Storage Tanks ___ yes ___ no

COMMERCIAL/INDUSTRIAL/OTHER SPECIFICATIONS

Type of Facility Number of Employees Number of Employees Per Shift

Industrial or Manufacturing Waste ___yes ___no Underground Storage Tanks ___yes ___no

PROPOSED/EXISTING WATER SUPPLY
- X Private Well
- ___ Dan River
- ___ Municipal Water
- ___ Community Well
- ___ Other

PROPOSED/EXISTING SEWAGE
- ___ Conventional Septic System
- ___ Treatment and Discharge
- ___ Municipal Sewage Disposal
- ___ Other

~~PLANNED FUTURE ADDITIONS~~ Please, note Tax map. The Singletarys are getting X approximately four acres. We will be left with the adjacent four acres; both need to be evaluated. The second permit can be in the Name - Heirs of Nathan Moorefield

~~DIRECTIONS TO PROPERTY~~ Directions - 704 to Bald Hill, left on Bear, property on left. Please, call if you have questions. Thanks

**IMPORTANT: A plat or survey map must accompany this application. Clearly stake ~~and flag~~ all property lines and corners, and corners of all proposed structures.

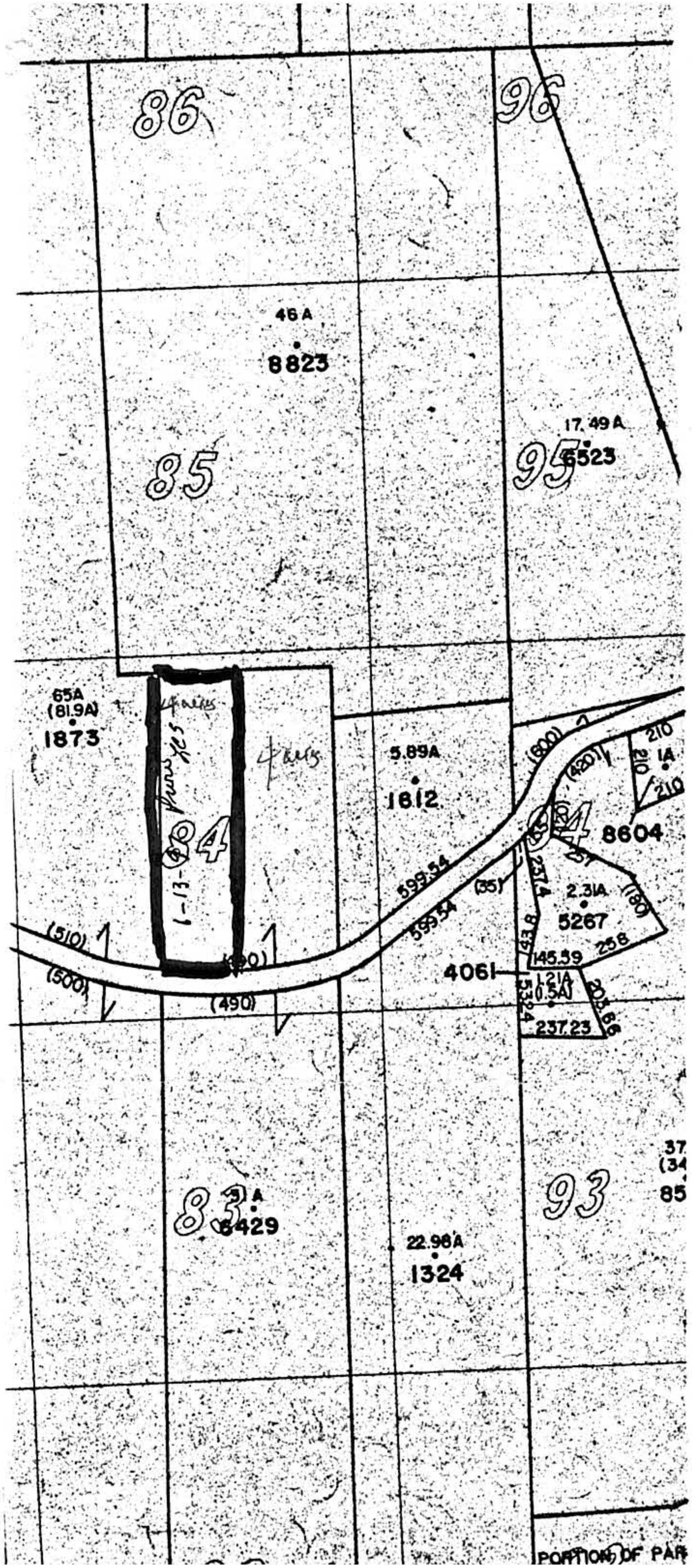
I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Authorized County and State officials are granted right of entry to conduct necessary evaluations and inspections to determine compliance with applicable regulations. The owner/applicant is solely responsible for compliance with applicable governing regulations. Improvement permits are valid for 5 years and are subject to revocation if the site plans or the intended use change.

Owner/Applicant Signature Rosalind F. Willard, agent Date 1-14-97

DATE RECEIVED JAN 15 1997 EHS ASSIGNED

FEE RECEIVED

EHO4RCHD.93



Singletary

Moorefield