

HTE# 06-5-15285

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 23129

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) MARK & KIM KOCOSKY New Installation ☒ Septic Tank ☒ Repair ☐
Property Location: SR# 1703 RED HELL CH RD Nitrification Line ☒ Expansion ☒
Subdivision DANIEL HECKMAN Lot # 17
Tax ID# 50-0000000000 Quadrant # 2B
Number of Bedrooms Proposed: 7 7300 840 GPD 240 240 Lot Size: 1.886
Basement with Plumbing: ☐ Garage: ☒
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: _____ 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: 1200 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 ft. of each ditch 100 ft. ditches 3 ft. ditches 22 in.

French Drain Required: - Linear feet

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

Date: 8-17-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Markant
Environmental Health Specialist

* 2 Septic Tanks

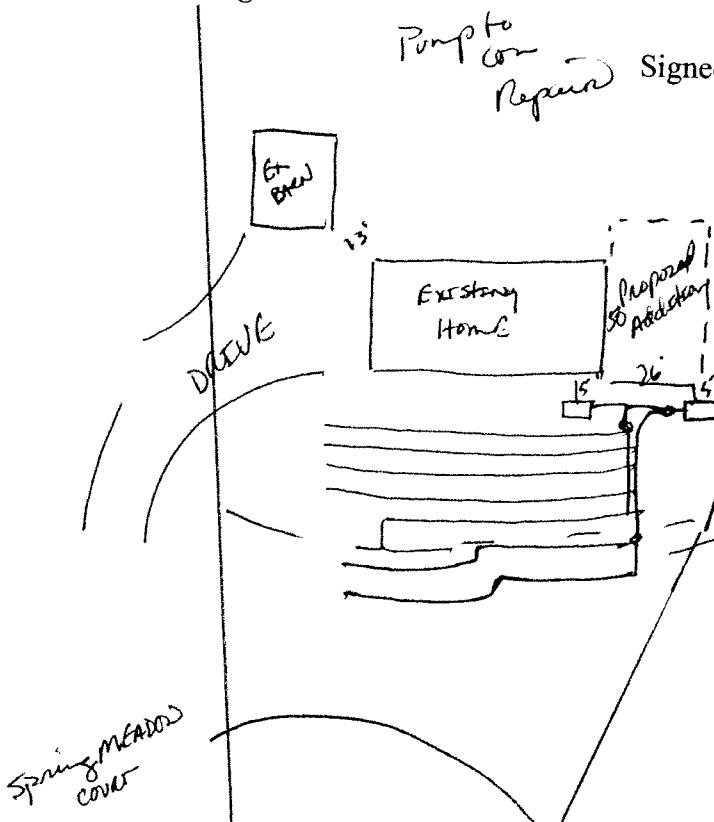
1st 1200 for INITIAL HOME
500-600 GPD

2nd 1000 for Addition
200-240 GPD

* STEPDOWNS MAY BE NEEDED!

* TREES TO BE
REMOVED.

* Contractor to MEET ON SITE
Prior to Install.
(NOT MORNING OF INSTALL; BEFORE)



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 # 23129. 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 MARK + KIM KOCOSKY Telephone # 919-639-0334

Address P.O. Box 1136 Angier N.C. 27501

Property Location SR# 1703 Road Name RED HILL CH RD

Subdivision DAN HECKMAN Lot # 17 # Bedrooms Proposed 5 (with INSTEAD 500 and add 203sq 240sq) Lot Size .886

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines

☒ Conventional ☐ Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

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

Septic Tank 1200 5 BR gal 1000 2 BR gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 22 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 8-17-06