

HTE# 06-5-15285**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 HILL CH RD Nitrification Line ☒ Expansion ☒
 Subdivision DANIEL HERMAN Lot # 17
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 7 BR 840 GPD 240 Addition 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 MAJOR HOME 1000 ADDITION gallons Pump Tank: _____ gallons

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

French Drain Required: - Linear feet

Date: 8-17-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Markant
 Environmental Health Specialist

* 2 Septec Tanks

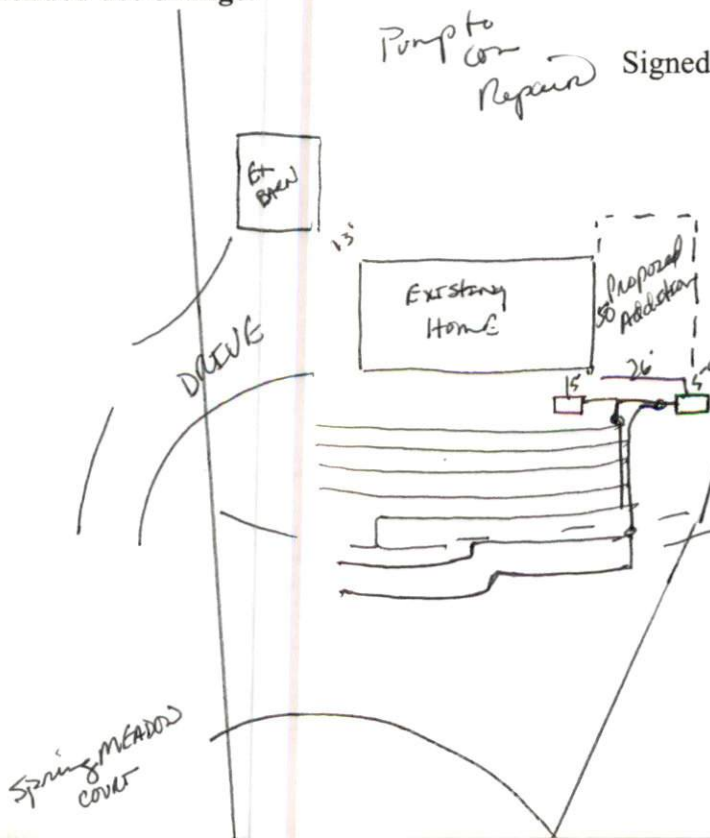
1st 1200 for INITIAL HOME
500-600 GPD

2nd 1000 for Addition
200-240 GPD

* STEP DOWNS MAY BE NEEDED!

* TREES TO BE REMOVED.

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



06-5-15285

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 INTERIM 5 BR 6000 GPD Adel 2 BR 2400 GPD 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 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. Mankin

Date 8-17-06