HARN[illegible] COUNTY HEALTH DEPARTMI[illegible]

No 19493

IMPROVEMENT PERMIT

02-5-5008

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) John & Bonnie Lyczkowski ☒ New Installation ☒ Septic Tank

Property Location: SR# 1111 ☐ Repairs ☒ Nitrification Line

Subdivision John Lyczkowski Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3(28x58) Lot Size: 2.71 Ac

Basement with Plumbing: ☐ Garage: ☐ Please note That This is how The home was staked on the Lot.

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 55 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 Drainage Field: No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 in.

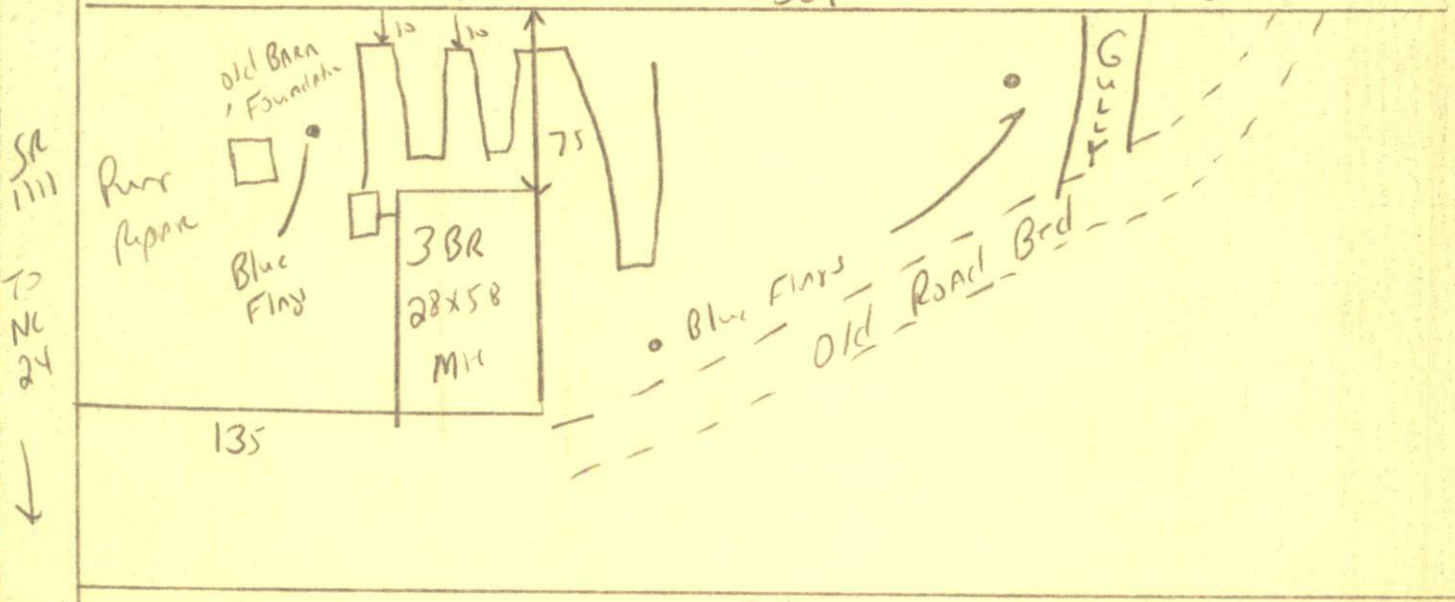
French Drain Required: _____ Linear feet

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

Date: 7-16-02

Signed: [signature] Environmental Health Specialist

501



523

STUB Out Plumbing shallow 18" Ditch Depth
MAintain All set Backs Follow contours
Do not Drive or Park on septic SYSTEM
Keep SYSTEM IN SIDE AREA MArked by My Blue Flags

H ETT COUNTY HEALTH DEPARTME

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19493. 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.***

John & Bonnie Lyczkowski — 775-3500
Name — Telephone #

Address

1111
Property Location SR# — Road Name

John Lyczkowski — 1 — 3 — (28x54)
Subdivision — Lot # — # Bedrooms Proposed — Lot size

TYPE OF SYSTEM

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

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

Water Supply: [ ] Well [X] Public - Minimum Well Setback: 50 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 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] — 7-16-02
Signature of Authorized Agent for Harnett County — Date