

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) STEVE + KATHY LOZINSKY☒ New Installation☒ Septic TankProperty Location: SR# 1407 WADE STEPHENSON☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

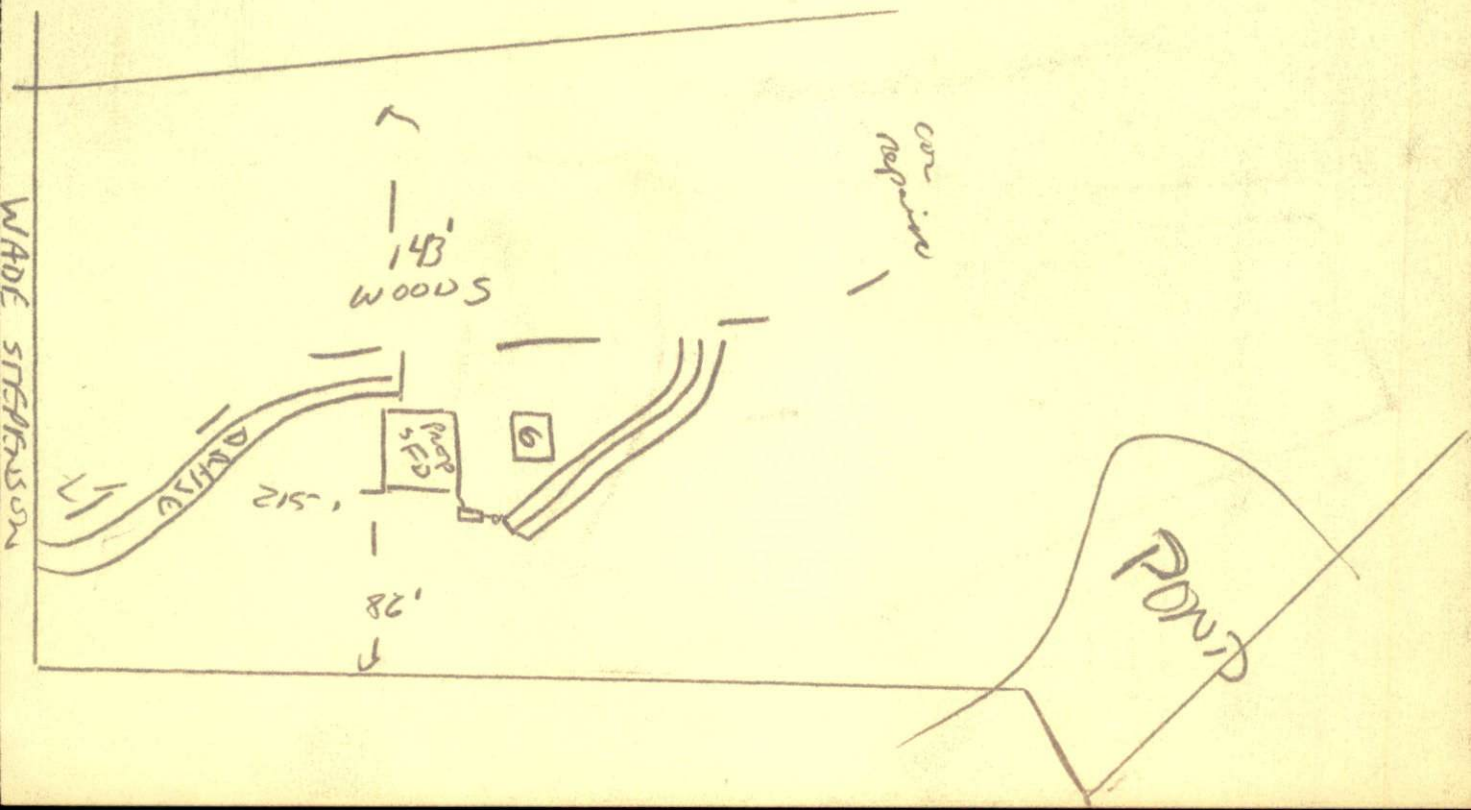
Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 15.39 acBasement with Plumbing: ☒ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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 _____Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18.20 in.French Drain Required: - Linear feetDate: 8-8-02

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

Signed: James C. Markham
Environmental Health Specialist

01-5-2861

HA TT 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 # 13947. 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.*

STEVE + KATHY LOZINSKY 919-427-8266
Name Telephone #
209 Elmcrest DR Holly Springs N.C. 27540
Address
1407 WADE STEPHENSON
Property Location SR# Road Name
4 15.38
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines

☒ Conventional Other _____ ☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☒ Well ☐ Public - Minimum Well Setback: _____ Ft.
Septic Tank 1200 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 150 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.

James E. Mankie 8-8-02
Signature of Authorized Agent for Harnett County Date