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HAF TT COUNTY HEALTH DEPART! TIT

Nº 17557

IIVIPROVEMENT 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."

from the Harnett County Health Department."	sai or sewage without in se	
Name: (owner) Howard Piekarz	New Installation	Septic Tank
Property Location: SR# 1439 Wed Dening Rd.	☐ Repairs	Nitrification Line
Subdivision Ne: 16 Creek From	Lot	#_/03
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: L	ot Size: 1,96/1c	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sys	tem on above captioned p	property. Subject to
final approval.	styrene Aggregate Tr	all de Fundar
- Participation of the state of		
Subsurface No. of exact length of each ditch of each ditch	t. ditches ft. di	tches 18 in. MAK
French Drain Required: Linear feet	1 1	
Date:	2/5/2001	
This permit is subject to revocation if site	1 115 .	1.5
plans or intended use change.	Environmental Heal	
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H. ETT COUNTY HEALTH DEPAI IENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent
Name: Howard Pickarz Telephone # 814-0269
Address: 1.0. Box 796 905 5 2nd 54. (.11.ngta, N.C. 27546
Property Location: SR# 1439 Road Name Wed Dening
New Installation Repair Septic Tank Nitrification Lines
Subdivision Neils Creak form Lot # 107
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: SO ft.
Type of System: Conventional Other to ystyrene Ass regate Trench System IWWS-95-71
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines foff.
Width of ditches ft. Depth of ditches inches MAX
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.
Name: Date: 2/5/2001 (Revised 2/96)CNSTRCT.WPD