

# 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) Ike Akon  New Installation  Septic Tank  
Property Location: SR# Marko Rd.  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # 2-B

Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: \_\_\_\_\_ Lot Size: 0.496 acres

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18-30 in.

French Drain required: \_\_\_\_\_ Linear feet

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

Date: 20 May 1999

Signed: [Signature]

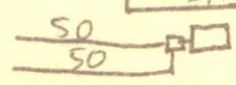
Environmental Health Specialist

VOID AFTER 5 YEARS

*maintain setbacks  
permanent marker required*

EXISTING

EXISTING



failing tank

*Old tank must be pumped, crushed and back filled.  
abandon well  
do not drive on system*

# AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10936. 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.

Owner or Authorized Agent \_\_\_\_\_

Name: IKE AKON Telephone # 499-2481

Address: 429 AKON Place Cameron, NC 28326

Property Location: SR # Marks Rd Road Name Marks Rd

New Installation \_\_\_\_\_ Repair  Septic Tank  Nitrification Lines

Subdivision \_\_\_\_\_ Lot # 2-B

Number of Bedrooms Proposed: TWO Lot size: \_\_\_\_\_

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 50 ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

## Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 50 feet

Width of ditches 3 ft. Depth of ditches 18-30 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.

Authorized Agent for Harnett County Health Department

Name: Vernon R. [Signature] Date: 28 May 1999