



HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: BRES 2570-0035
CDP #: _____

IMPROVEMENT PERMIT (IP)

☐ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Owner: _____ Applicant: _____
Property Location: _____ PIN/Lot Identifier: _____
Subdivision: _____ Lot #: _____ Block: _____ Section: _____
Facility Type: _____ Number of bedrooms: _____ Number of Occupants: _____ Other: _____
Design Daily Flow: _____ GPD LTAR (Initial): _____ gpd/ft² LTAR (Repair): _____ gpd/ft²
Wastewater System Type: _____ (Initial)
Pump Required: ☐ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): _____
Wastewater System Type: _____ (Repair)
Pump Required: ☐ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): _____
Effluent Standard: ☐ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☐ Municipal Supply ☐ Other: _____

Permit conditions: _____

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

Authorized Agent's Printed Name: _____ Date: _____
Authorized Agent's Signature: _____ Expiration Date: _____

CONSTRUCTION AUTHORIZATION (CA)

☐ New ☒ Expansion ☐ Repair ☒ System Relocation ☐ Change of Use

Owner: Linda Butz Applicant: _____
Property Location: 581 Montague Rd PIN/Lot Identifier: _____
Subdivision: _____ Lot #: 5 Block: _____ Section: _____
Facility Type: MOP Number of bedrooms: 4 Number of Occupants: 8 max Other: _____
Design Daily Flow: 480 GPD LTAR: 3 gpd/ft²
Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☐ Municipal Supply ☐ Other: _____

Installation Requirements/Conditions

Wastewater System Type: EX 25% REDUCTION Pump Required: ☐ Yes ☒ No ☐ May be required
Septic Tank Size: EX gallons Total Trench Length: 100 feet Trench Spacing: 9 feet on center
Pump Tank Size: _____ gallons Maximum Trench Depth: 24 inches Soil Cover: 6 inches
Trench Width: 36 inches Distribution Method: ☐ Serial ☒ D-Box or Parallel ☐ Pressure Manifold ☐ Other: _____
Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: _____
Management Entity Required: ☐ Yes ☐ No Minimum O&M Requirements: _____

Permit conditions: _____

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: JAMES E. MANHART JR Date: 11-3-25
Authorized Agent's Signature: James E. Manhart JR Expiration Date: 11-3-30
Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number BUES2510-0055

Linda Butz

lot 5

Applicant's Name James E. Manhart III EHS

Subdivision/Section/Lot Number 11-3-25

Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = NTS

