



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: MOD Number of bedrooms: 4 Number of Occupants: 8 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 III REHS Date: 11-3-25

Authorized Agent's Signature: James E. Manhart REHS Expiration Date: 11-3-30

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN _____

Permit Number BZES2510-0035

Lindy Butz

lot 5

Applicant's Name

James E. Manhart PERHS

Authorized State Agent

Subdivision/Section/Lot Number

11-3-25

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

