

Owner/Legal Representative Signature: ____

HARNETT COUNTY ENVIROMENTAL HEALTH

	NORTH CAI			atama and anomalous and a tanana	File/Permit #: BRES2511-0015
		IM	PROVEMEN	NT PERMIT (IP)	CDP #:
	☐ New	☐ Expansion	Repair	System Relocation	1
Owner:					
Property Locati	ion:			PIN/Lot Identifier:	
Subdivision:				Lot #:	Block: Section:
Facility Type: _		Number of b	edrooms:	Number of Occupants:	Other:
Design Daily Flo	ow:6	SPD LTAR (I	nitial):	gpd/ft ² LTAR (Repair)	: gpd/ft²
Wastewater Sy	stem Type:			(Initial)	
Pump Required	d: Yes No	May be required	Usab	le Depth to Limiting Condition	on (Initial):
Wastewater Sy	stem Type			(Repair)	
Pump Required	d: Yes No	May be required	Usak	le Depth to Limiting Condition	on (Repair):
Effluent Standa	ard: DSE H	HSE Other:	Type of W	ater Supply: Private well	Municipal Supply Other:
Permit condit	tions.				
requirements. <u>This</u> This permit is subje	ect to compliance with the	provisions of 15A NCAC 1	or the intended use ch	nanges. The Improvement Permit sh	th appropriate governing bodies in meeting their all not be affected by a change in ownership of the site
Authorized Age	ent's Printed Name: _	Ren Levocz		···	Date:
Authorized Age	ent's Signature:				Expiration Date:
Owner: PERF	New RAULT KEVIN & [Expansion	Repair	System Relocation Applicant: Triverse B	uilders, LLC
	ion: 310 MINERAL SP	RING LN FUQUAY-VAR	RINA, NC 27526		653-45-2864.000
	AVERY POND			Lot #: Lot 195	Block: Section:
Facility Type: _	Existing SFD				Other:
Design Daily Flo	ow: <u>360</u>	GPD LTAR: _	Existing gpd/f	t²	
Effluent Standa	ard: 🔳 DSE 🔲 H	HSE Other:	Type of W	ater Supply: Private well	■ Municipal Supply □Other:
	quirements/Condition				
CONTRACTOR AND ADDRESS AND ADD	stem Type: 25% Re				ired: Yes No May be required
				feet Trench Spacin	
		s Maximum Trer	nch Depth: 22"	inches Soil Cover: 6	inches
Trench Width:	36" inches	Distribution M	ethod: 🗌 Serial	■ D-Box or Parallel	Pressure Manifold Other:
Artificial Draina	age Required: Yes	No 🔳 If yes, plea	ase specify detail	s:	
Management E	Entity Required: 🔲 Y	es No Minimu	m O&M Requirer	nents:	
				stem as shown on site plan.	
Construction Author the site. This Const	orization is subject to revoc truction Authorization is s	cation if the site plan, plat, ubject to compliance with	or the intended use of	hanges. The Construction Authoriza	accordance with the attached site sketch. <u>This</u> stion shall not be affected by a change in ownership of as applicable, and to the conditions of this permit.
Authorized Age	ent's Printed Name:	Ren Levocz			Date: 11/19/25
Authorized Age	ent's Signature:	In REK	15		Expiration Date: 11/19/2030

*See attached site sketch

Date: ___

SITE SKETCH

PIN 0653-45-2864.000

Permit Number BRES2511-0015

Triverse Builders, LLC	AVERY POND Lot 195	
Applicant's Name	Subdivision/Section/Lot Number	
Ren Levocz		
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.



