

Owner/Legal Representative Signature: _

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CARO	111			File/Permit #: EH2204-0017
	IME	PROVEME	NT PERMIT (IP)	CDP #:
New	Expansion	Repair	System Relocation	Change of Use
Owner:				
Property Location:	+			
Subdivision:				Block: Section:
				Other:
Design Daily Flow: GP				gpd/ft ²
Wastewater System Type:			(Initial)	
Pump Required: Yes No	May be required	Usa	ble Depth to Limiting Condition	n (Initial):
Wastewater System Type				
Pump Required: Yes No				
Effluent Standard: DSE HS	SE Other:	Type of V	Vater Supply: Private well	Municipal Supply Other:
Permit conditions:				
	ion if the site plan, plat, o	or the intended use	changes. The Improvement Permit sha	appropriate governing bodies in meeting their II not be affected by a change in ownership of the site.
Authorized Agent's Printed Name:	ten Levocz			Date: 09/08/2025
Authorized Agent's Signature:				
	CONSTR	UCTION A	UTHORIZATION (CA)
New	Expansion	Repair	System Relocation	☐ Change of Use
Owner: SMITH MATTHEW EUG	SENE & SMITH H	ANNAH B	Applicant: SMITH MAT	THEW EUGENE & SMITH HANNAH B
Property Location: 263 BLUEGRASS CT ANGIER, NC 27501 PIN/Lot Identifier: 0662-29-0400.000				
Subdivision: NEILLS CK			Lot #: 120	Block: Section:
	Number of be	edrooms: 4		Other:
Design Daily Flow: 480 GF		gpd,		
				■ Municipal Supply □Other:
Installation Requirements/Condition				
Wastewater System Type: Existing	System (Replaci	ng Septic Tar	nk) Pump Requir	ed: 🗌 Yes 🔳 No 🗌 May be required
Septic Tank Size: 1,000 gallons	Total Trench Le	ength: Ex.	feet Trench Spacing	g: Ex. feet on center
Pump Tank Size: Ex. gallons	Maximum Tren	ch Depth: Ex.	inches Soil Cover: 6"	inches
Trench Width: 36" inches	Distribution Me	ethod: 🗌 Seria	D-Box or Parallel	Pressure Manifold Other:
Artificial Drainage Required: Yes No I If yes, please specify details:				
Management Entity Required: Ye	es No Minimu	m O&M Require	ements:	
Permit conditions: * Replacing Septic Tank and Hooking U Spot. Septic Tank Placement Must be 1				and Place New Septic Tank in Same/Similar k. Will Need Demonstrated for Final.
the site. This Construction Authorization is sub	bject to compliance with	or the intended use the provisions of 15	changes. The Construction Authorizat	ion shall not be affected by a change in ownership of s applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: Authorized Agent's Signature:	LEVUCZ			Date: 09/08/25
Authorized Agent's Signature:	/ ha	MFH5		Expiration Date: 09/08/2030

*See attached site sketch

Date: __

Harnett County Environmental Health

SITE SKETCH

0662-29-0400.000

Permit Number EH2204-0017

SMITH MATTHEW EUGENE & SMITH HANNAH B

NEILLS CK Lot 120

Applicant's Name Ren Levocz Subdivision/Section/Lot Number 09/08/2025

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



^{*} Replacing Septic Tank and Hooking Up To Existing Pump Tank

⁻Crush/Remove Existing Damage Septic Tank and Place New Septic Tank in Same/Similar Spot.

⁻Septic Tank Placement Must be 15' Off Existing SFD due to Basement.

⁻Replace Pump/Alarm in Pump Tank. Will Need Demonstrated for Final.