



HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: EH2411-0012

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: 07/23/2025

Authorized Agent's Signature: _____ Expiration Date: _____

CONSTRUCTION AUTHORIZATION (CA)

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

Owner: CASILE MICHAEL J

Applicant: CASILE MICHAEL J

Property Location: 29 ELMON GILCHRIST LN ERWIN, NC 28339

PIN/Lot Identifier: 0589-44-3233.000

Subdivision: _____

Lot #: _____ Block: _____ Section: _____

Facility Type: EX. SFD Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR: .3 gpd/ft²Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____Installation Requirements/ConditionsWastewater System Type: 25% Reduction System Pump Required: ☐ Yes ☒ No ☐ May be required

Septic Tank Size: 1,000 gallons Total Trench Length: 300' feet Trench Spacing: 9' feet on center

Pump Tank Size: _____ gallons Maximum Trench Depth: 15" inches Soil Cover: 6" inches

Trench Width: 36" inches Distribution Method: ☒ Serial ☒ D-Box or Parallel ☐ Pressure Manifold ☐ Other: 4 - 75' LinesArtificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: _____Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: _____

Permit conditions:

No Foundation or Gutter Drains to be Directed Towards Septic System.
No Cutting or Grading of Soil in Septic or Septic Repair Area.

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: Ren Levocz Date: 07/23/25

Authorized Agent's Signature: _____ Expiration Date: 07/23/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

