



## HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: EH 2503-0002

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/ft<sup>2</sup> LTAR (Repair): \_\_\_\_\_ gpd/ft<sup>2</sup>

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: Ren Levocz Date: \_\_\_\_\_

Authorized Agent's Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## CONSTRUCTION AUTHORIZATION (CA)

☐ New ☐ Expansion ☒ Repair ☐ System Relocation ☐ Change of UseOwner: Doris Nolan Johnson TrustApplicant: Same as OwnerProperty Location: 155 Mann Rd CoatsPIN/Lot Identifier: 1509-85-6489

Subdivision: \_\_\_\_\_

Lot #: 1 Block: \_\_\_\_\_ Section: \_\_\_\_\_Facility Type: EX. SFD Number of bedrooms: 3 Number of Occupants: 6 Other: \_\_\_\_\_Design Daily Flow: 360 GPD LTAR: .3 gpd/ft<sup>2</sup>Effluent Standard: ☒ DSE ☐ HSE ☐ Other: \_\_\_\_\_ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: \_\_\_\_\_

## Installation Requirements/Conditions

Wastewater System Type: 25% Reduction SystemPump Required: ☒ Yes ☐ No ☐ May be requiredSeptic Tank Size: 1,000 gallonsTotal Trench Length: 300' feetTrench Spacing: 9' feet on centerPump Tank Size: 1,000 gallonsMaximum Trench Depth: 18"-28" inchesSoil Cover: 6" inchesTrench Width: 36" inchesDistribution 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: well must be abandoned prior to septic install.

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: 5-27-25Authorized Agent's Signature: [Signature] Expiration Date: 5-27-30

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*See attached site sketch

# Harnett County Environmental Health

## SITE SKETCH

PIN 1509-85-6489

Permit Number EH 2503-0002

Doc: S Nolan Johnson Trust

Lot 1

Applicant's Name

Subdivision/Section/Lot Number

Ren Levocz

5-27-25

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

