

Owner/Legal Representative Signature: ___

HARNETT COUNTY ENVIROMENTAL HEALTH

IMPROVEMENT PERMIT (IP) CDP #:	NORTH CARO				rmit #: EH2506-0024		
Owner:		IMI	PROVEME	NT PERMIT (IP) CDP #:			
Property Location:	☐ New	Expansion	Repair				
Subdivision:	Owner:	+		Applicant:			
Pacility Type:	Property Location:	4		PIN/Lot Identifier:			
Design Daily Flow: GPD LTAR (Initial):	Subdivision:			Lot #: Block:	Section:		
Wastewater System Type:	Facility Type:	Number of be	edrooms:	Number of Occupants: Othe	r:		
Pump Required: Yes No May be required Usable Depth to Limiting Condition (Initial):	Design Daily Flow: GPI	D LTAR (In	nitial):	gpd/ft ² LTAR (Repair):	gpd/ft ²		
Wastewater System Type	Wastewater System Type:	astewater System Type: (Initial)					
Pump Required:	Pump Required: Yes No	May be required	Usa	ble Depth to Limiting Condition (Initial)	:		
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 sublect to revolation with the provisions of 15th NACA 18t and to the conditions of this permit. Authorized Agent's Printed Name: Ren Levocz Date: 96/26/2025 Authorized Agent's Signature: Expiration Date: CONSTRUCTION AUTHORIZATION (CA) Date: 96/26/2025 Authorized Agent's Signature: Expiration Date: Expiration Date: CONSTRUCTION AUTHORIZATION (CA) Date: 96/26/2025 Authorized Agent's Signature: Expiration Date: Expiration Date: CONSTRUCTION AUTHORIZATION (CA) Date: 96/26/2025 Authorized Agent's Signature: Expiration Date: Expiration Date: Expiration Date: CONSTRUCTION AUTHORIZATION (CA) Date: 96/26/2025 Applicant: DZURICK WILLIAM Property Location: 1099 STEWART RD DUNN, NC 28334 PIN/Lot Identifier: 1528-91-8894.000 Subdivision: Lot #: Block: Section: Facility Type: Ex. SFD Number of bedrooms: 2 Number of Occupants: 4 Other: Design Daily Flow: 240 GPD LTAR: gpd/ft² Effluent Standard: DSE HSE Other: Type of Water Supply: Private well Municipal Supply Other: Installation Requirements/Conditions Wastewater System Type: Ex. (Replacing Septic Tank Only) Pump Required: Yes No May be required Septic Tank Size: 1,000 gallons Total Trench Length: feet Trench Spacing: feet on center Pump Tank Size: 1,000 gallons Total Trench Length: inches Soil Cover: inches Maximum Trench Depth: inches Soil Cover: inches Distribution Method: Serial D-Box or Parallel Pressure Manifold Other: Management Entity Required: Yes No Minimum O&M Requirements: Permit conditions: Replacing Septic Tank Only Pressure Intended use changes. The Const	Wastewater System Type(Repair)						
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New	Authorized Agent's Signature:			Exp	piration Date:		
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Subdivision: Lot #: Block: Section: Facility Type: Ex. SFD				303 • 14 200 (1904) C. ABAS			
Facility Type: Ex. SFD	100						
Design Daily Flow: 240 GPD	Subdivision:	+					
Effluent Standard: DSE					r:		
Installation Requirements/Conditions	Design Daily Flow: 240 GPI	D LTAR: _	gpd	/ft²			
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Pump Tank Size: 1,000 gallons Maximum Trench Depth:							
Trench Width: inches	Septic Tank Size: 1,000 gallons	Total Trench Le	ength:	feet Trench Spacing:	feet on center		
Artificial Drainage Required: Yes No If yes, please specify details: Management Entity Required: Yes No Minimum O&M Requirements: Permit conditions: Replacing Septic Tank Only. — Rehalf to Existing Septic Lines (Must be 50' Off Existing Well, 10' Off Property Line, 5' Off Existing SFD Foundation) 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: 06/26/25	Pump Tank Size: 1,000 gallons	Maximum Tren	nch Depth:	inches Soil Cover: inche	s		
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			p		3 A CONTRACTOR OF THE PARTY OF		
FYDIRALION DATE.			REHL				

SITE SKETCH

1528-91-8894.000

Permit Number EH2506-0024

DZURICK WILLIAM

Applicant's Name Ren Levocz Subdivision/Section/Lot Number 06/26/2025

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

