



# HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: EH2506-0024

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: 06/26/2025

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

Expiration Date: \_\_\_\_\_

## CONSTRUCTION AUTHORIZATION (CA)

☐ New

☐ Expansion

☒ Repair

☐ System Relocation

☐ Change of Use

Owner: DZURICK WILLIAM

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/ft<sup>2</sup>

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

Maximum Trench Depth: --- inches

Soil Cover: --- inches

Trench Width: --- inches

Distribution 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:

Replacing Septic Tank Only. - Rehook 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

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

Expiration Date: 06/26/2030

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

Date: \_\_\_\_\_

**\*See attached site sketch**

**SITE SKETCH**  
PIN 1528-91-8894.000 Permit Number EH2506-0024

Date \_\_\_\_\_

Scale = NTS