



HARNETT COUNTY ENVIROMENTAL HEALTH

File/Permit #: EH2506-0029

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: Ren Levocz Date: 07/02/2025

Authorized Agent's Signature: _____ Expiration Date: _____

CONSTRUCTION AUTHORIZATION (CA)

New Expansion Repair System Relocation Change of Use

Owner: ARTHUR RAY PROPERTIES LLC Applicant: Allen Faircloth

Property Location: 6300 NC 27 E COATS, NC 27521 PIN/Lot Identifier: 1600-84-3530.000

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. System (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: --- gallons Maximum Trench Depth: --- inches Soil Cover: 6" 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: No Foundation or Gutter Drains to be Directed Towards Septic System. No Cutting or Grading of Soil in Septic or Septic Repair Area. Replacing Septic Tank and Hooking up to Existing Septic Drain Lines.

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: 07/02/25

Authorized Agent's Signature: _____ Expiration Date: 07/02/2030

Owner/Legal Representative Signature: _____ Date: _____

*See attached site sketch

Harnett County Environmental Health

SITE SKETCH

PIN 1600-84-3530.000

Permit Number EH2506-0029

Allen Faircloth

Applicant's Name
Ren Levocz

Authorized State Agent

Subdivision/Section/Lot Number
07/02/2025

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

