

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAR		ROVEMEN	IT PERMIT (IP)	File/Permit #: EH	
New		Repair	System Relocation	☐ Change o	f Use
Owner:					
Property Location:			PIN/Lot Identifier:		
Subdivision:			Lot #:	Block:	Section:
Facility Type:					
Design Daily Flow: G					
Wastewater System Type:					
Pump Required: Yes No			le Depth to Limiting Condition	on (Initial):	
Wastewater System Type			(Repair)		
Pump Required: Yes No	May be required	Usak	le Depth to Limiting Condition	on (Repair):	
Effluent Standard: DSE F	ISE Other:	Type of W	ater Supply: Private well	☐ Municipal Supp	oly Other:
Permit conditions: The issuance of this permit in no way guarant	tees the issuance of other per	rmits. The permit h	older is responsible for checking wi	th appropriate governing	bodies in meeting their
requirements. <u>This permit is subject to revoce</u> This permit is subject to compliance with the	ation if the site plan, plat, or t	the intended use ch	anges. The Improvement Permit sh	nall not be affected by a cl	hange in ownership of the site
Authorized Agent's Printed Name: _				Date: 07/02/	2025
Authorized Agent's Signature:				Expiration Da	te:
☐ New Owner: JONES CRAIG A & JO	Expansion	Repair	JTHORIZATION (CA System Relocation Applicant: JONES C	☐ Change o	
Property Location: 26 LARAINE			PIN/Lot Identifier: 0		
Subdivision: NORTHPORT			Lot #: 2	Block:	Section:
Facility Type: EX. SFD	Number of bed	rooms: 3			
Design Daily Flow: 360		gpd/f			
Effluent Standard: DSE H				Municipal Supp	oly Other:
Installation Requirements/Condition					
Wastewater System Type: Ex. Conv	ventional System (Repla	acing Septic Ta	ank Only) Pump Requ	ired: Yes No	May be required
Septic Tank Size: 1,000 gallon	s Total Trench Leng	gth: Ex. 399'	feet Trench Spaci	ng: 9' feet on ce	nter
Pump Tank Size: gallon					
Trench Width: 36" inches	Distribution Meth	nod: Serial	■ D-Box or Parallel	Pressure Manifold	Other:
Artificial Drainage Required: Yes	No If yes, please	e specify detail	s:		
Management Entity Required: Y	es No Minimum	O&M Requirer	ments:		
Permit conditions: No Foundation or Gutter Drains to be Directed Tow No Cutting or Grading of Soil in Septic or Septic Re Replacing Septic Tank and Hooking up to Existing S	pair Area				
The requirements of 15A NCAC 18E are incorr <u>Construction Authorization is subject to revo</u> the site. This Construction Authorization is su	cation if the site plan, plat, or	the intended use of	hanges. The Construction Authoriz	ation shall not be affected	by a change in ownership of
Authorized Agent's Printed Name:	HAT A THOSE WAS PRODUCTED AND SOME SOME SOME SOME	v.•vviii (2000 v.		Date: 07/02/	EDDAY OF A SANCTON OF SOME BUILDING SOME DESCRIPTION

*See attached site sketch

Date:

Harnett County Environmental Health

SITE SKETCH

PIN 0662-44-0963.000

Permit Number EH2506-0031

JONES CRAIG A & JONES MAUREEN C

Applicant's Name Ren Levocz NORTHPORT Lot 2

Subdivision/Section/Lot Number 07/02/2025

Date

Authorized State Agent

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.

