

Owner/Legal Representative Signature: ___

HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAR				File/Permit #: EH2507-0014
	IMPRO	OVEMENT PE	RMIT (IP)	CDP #:
☐ New	Expansion		System Relocation	
Owner:	_			
Property Location:				
Subdivision:				Block: Section:
Facility Type:	Number of bedro	oms: Numb	er of Occupants:	Other:
Design Daily Flow:G	SPD LTAR (Initia	l): gpd/f	ft ² LTAR (Repair	r): gpd/ft²
Wastewater System Type:			(Initial)	
Pump Required: 🗌 Yes 🔲 No 📗	May be required	Usable Dept	h to Limiting Condit	ion (Initial):
Wastewater System Type			(Repair)	
Pump Required: 🗌 Yes 📗 No 📗	May be required	Usable Dept	h to Limiting Condit	ion (Repair):
Effluent Standard: DSE H	HSE Other:	Type of Water Su	pply: 🗌 Private wel	Municipal Supply Other:
Darmit conditions:				
Permit conditions:				
The issuance of this permit in no way guaran	tees the issuance of other perm	its. The permit holder is re	esponsible for checking w	vith appropriate governing bodies in meeting their
requirements. This permit is subject to revoce This permit is subject to compliance with the	ation if the site plan, plat, or the provisions of 15A NCAC 18E an	<u>intended use changes.</u> T d to the conditions of this	he Improvement Permit s permit.	shall not be affected by a change in ownership of the sit
Authorized Agent's Printed Name: _				Date: 08/07/2025
Authorized Agent's Signature:				- CONTRACTOR AND
Authorized Agent 3 Signature.				
	CONSTRUC	TION AUTHO	RIZATION (C	(A)
□New	The second secon		System Relocation	·
Owner: BARBER WILLARD R		The state of the s	pplicant: BARBER	
Property Location: 931 ANTIOCH				1506-28-2110.000
Subdivision:				Block: Section:
Facility Type: EX. (Two) 2-BR Single	Wides Number of hedro			
Design Daily Flow: 480	_	gpd/ft²	ser of occupants	other.
			nnly: Private wel	II Municipal Supply Other:
		Type of Water Su	ppiy. 📺 Private wei	ii ii ividilicipal supply ii Ottler.
Installation Requirements/Condition Wastewater System Type: Existing		ng Tank Only)		
				uired: Yes No May be required
Septic Tank Size: 1,000 gallor				ing: Ex. feet on center
Pump Tank Size: 1,000 gallon				
Trench Width: Ex. inches				Pressure Manifold Other:
Artificial Drainage Required: Yes				
Management Entity Required: \(\Boxed{\omega}\)	res No Minimum O	&M Requirements: _		
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 D-Box and Hooking up				
				in accordance with the attached site sketch. <u>This</u>
				zation shall not be affected by a change in ownership or), as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: _	Ren Levocz			Date: 08/07/25
Authorized Agent's Printed Name:	In Del	0545		

*See attached site sketch

Date: _____

SITE SKETCH

1506-28-2110.000

Permit Number EH2507-0014

BARBER WILLARD R

Applicant's Name Ren Levocz Subdivision/Section/Lot Number 08/07/2025

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.

$$Scale = NTS$$

