



Repair
(Tank replacement)

HARNETT COUNTY ENVIRONMENTAL HEALTH

File/Permit #: EH 2508-0017

CDP #: _____

IMPROVEMENT PERMIT (IP)

☐ New ☐ Expansion ☒ Repair ☐ System Relocation ☐ Change of Use

Owner: Rodger Houck Applicant: Rodger Houck

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: _____ Date: _____

Authorized Agent's Signature: _____ Expiration Date: _____

CONSTRUCTION AUTHORIZATION (CA)

☐ New ☐ Expansion ☒ Repair ☐ System Relocation ☐ Change of Use

Owner: Rodger Houck Applicant: Rodger Houck

Property Location: 995 Shawtown Rd PIN/Lot Identifier: 0559-03-1376

Subdivision: _____ Lot #: _____ Block: _____ Section: _____

Facility Type: Existing Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR: _____ gpd/ft²

Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____

Installation Requirements/Conditions

Wastewater System Type: Tank replacement Pump Required: ☐ Yes ☐ No ☐ May be required

Septic Tank Size: 1000 gallons Total Trench Length: _____ feet Trench Spacing: _____ feet on center

Pump Tank Size: _____ 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: replace septic tank + Dbox and reconnect to existing 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: Mark Osborne REHS Date: 9-4-25

Authorized Agent's Signature: Mark Osborne REHS Expiration Date: 9-4-30

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 0559-03-1376

Permit Number EH 2508-0017

Rodger Houck

Applicant's Name

Mah [Signature] RCH

Authorized State Agent

Subdivision/Section/Lot Number

9-4-25

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

