



IMPROVEMENT PERMIT (IP)

New Expansion Repair
Owner: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT

Property Location: 649 CAMPBELL ST ANGIER, NC 27501

Subdivision: _____

Facility Type: SFD 80' x 40' Number of bedrooms: 4

Design Daily Flow: 480 GPD LTAR (Initial): .35 gpd/ft²

Wastewater System Type: 25% Reduction System (Initial)

Pump Required: Yes No May be required

Wastewater System Type: 25% Reduction System (Repair)

Pump Required: Yes No May be required

Effluent Standard: DSE HSE Other: _____

System Relocation Change of Use

Applicant: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT

PIN/Lot Identifier: 0683-04-9140.000

Lot #: TR#1 Block: _____ Section: _____

Number of Occupants: 8 Other: _____

LTAR (Repair): .35 gpd/ft²

Permit conditions:

No Foundation or Gutter Drains Directed Towards Septic Tank.

No Cutting or Grading of Soil in Septic or Septic Repair Area.

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: 10/30/2025

Authorized Agent's Signature: Ren Levocz

Expiration Date: 10/30/2030

CONSTRUCTION AUTHORIZATION (CA)

New Expansion Repair
Owner: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT

Property Location: 649 CAMPBELL ST ANGIER, NC 27501

Subdivision: _____

Facility Type: SFD 80' x 40' Number of bedrooms: 4 Number of Occupants: 8 Other: _____

Design Daily Flow: 480 GPD LTAR: .35 gpd/ft²

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

System Relocation Change of Use

Applicant: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT

PIN/Lot Identifier: 0683-04-9140.000

Lot #: TR#1 Block: _____ Section: _____

Wastewater System Type: 25% Reduction System

Pump Required: Yes No May be required

Septic Tank Size: 1,000 gallons Total Trench Length: 405' feet

Trench Spacing: 9' feet on center

Pump Tank Size: 1,000 gallons Maximum Trench Depth: On Site Sketch inches

Soil Cover: 6" inches

Trench Width: 36" inches Distribution Method: Serial D-Box or Parallel Pressure Manifold Other: 3 - 135'

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 Directed Towards Septic Tank.

No Cutting or Grading of Soil in Septic or Septic Repair Area.

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: 10/30/25

Authorized Agent's Signature: Ren Levocz

Expiration Date: 10/30/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 0683-04-9140.000

Permit Number EH2509-0007

KUILA NEEL ANJAN & KUILA CAMILLE GILBERT

Applicant's Name
Ren Levocz

Authorized State Agent

TR#1

Subdivision/Section/Lot Number
10/30/2025

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

