

**HARNETT COUNTY ENVIROMENTAL HEALTH**

File/Permit #: SFD2504-0141

CDP #: _____

IMPROVEMENT PERMIT (IP)☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of Use

Owner: Timothy Alan Inman

Applicant: Timothy Alan Inman

Property Location: 700 TYLERSTONE DR FUQUAY-VARINA, NC 27526

PIN/Lot Identifier: 0663-23-1439.000

Subdivision: _____

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

Facility Type: SFD 78' x 53' _____ Number of bedrooms: 5 _____ Number of Occupants: 10 _____ Other: _____

Design Daily Flow: 600 _____ GPD LTAR (Initial): .3 _____ gpd/ft² LTAR (Repair): .3 _____ gpd/ft²

Wastewater System Type: 25% Reduction System _____ (Initial)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): 31" _____

Wastewater System Type 25% Reduction System _____ (Repair)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): 31" _____Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____**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.

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: 08/06/2025

Authorized Agent's Signature:

Expiration Date: 08/06/2030

CONSTRUCTION AUTHORIZATION (CA)☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of Use

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Design Daily Flow: 600 _____ GPD LTAR: .3 _____ gpd/ft²Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____**Installation Requirements/Conditions**

Wastewater System Type: 25% Reduction System _____

Pump Required: ☒ Yes ☐ No ☐ May be required

Septic Tank Size: 1,250 _____ gallons Total Trench Length: 500' _____ feet Trench Spacing: 9' _____ feet on center

Pump Tank Size: 1,250 _____ gallons Maximum Trench Depth: 18" Max _____ inches Soil Cover: 6" _____ inches

Trench Width: 36" _____ inches Distribution Method: ☒ Serial ☒ D-Box or Parallel ☐ Pressure Manifold ☐ Other: 4 - 125' or 5 - 100'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.

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: 08/06/25

Authorized Agent's Signature:

Expiration Date: 08/06/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 0663-23-1439.000

Permit Number SFD2504-0141

INMAN TIMOTHY

TR#1

Applicant's Name

Subdivision/Section/Lot Number

Ren Levocz

08/06/2025

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

