

**HARNETT COUNTY ENVIROMENTAL HEALTH**

File/Permit #: SFD2505-0140

CDP #:

IMPROVEMENT PERMIT (IP)☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: BENJAMIN STOUT REAL ESTATE SERVICES INCApplicant: BENJAMIN STOUT REAL ESTATE SERVICES INCProperty Location: 164 BOSTON RIVER DR DUNN, NC 28334PIN/Lot Identifier: 1508-51-6793.000Subdivision: ILAS WAYLot #: 8 Block: _____ Section: _____Facility Type: SFD 43' x 32' Number of bedrooms: 4 Number of Occupants: 8 Other: _____Design Daily Flow: 480 GPD LTAR (Initial): .3 gpd/ft² LTAR (Repair): .3 gpd/ft²Wastewater System Type: 25% Reduction System (Initial)Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Initial): 40"Wastewater System Type 50% Reduction System (Repair)Pump Required: ☐ Yes ☐ No ☒ May be required Usable Depth to Limiting Condition (Repair): 40"Effluent Standard: ☒ DSE ☐ HSE ☐ Other: _____ Type of Water Supply: ☐ Private well ☒ Municipal Supply ☐ Other: _____

Permit conditions:

No Foundation or Gutter Drains 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 LevoczDate: 06/25/2025Authorized Agent's Signature: Expiration Date: 06/25/2030**CONSTRUCTION AUTHORIZATION (CA)**☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: BENJAMIN STOUT REAL ESTATE SERVICES INCApplicant: BENJAMIN STOUT REAL ESTATE SERVICES INCProperty Location: 164 BOSTON RIVER DR DUNN, NC 28334PIN/Lot Identifier: 1508-51-6793.000Subdivision: ILAS WAYLot #: 8 Block: _____ Section: _____Facility Type: SFD 43' x 32' Number of bedrooms: 4 Number of Occupants: 8 Other: _____Design Daily Flow: 480 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 SystemPump Required: ☐ Yes ☐ No ☒ May be requiredSeptic Tank Size: 1,000 gallons Total Trench Length: 400' feet Trench Spacing: 9' feet on centerPump Tank Size: 1,000 gallons Maximum Trench Depth: 18"-26" inches Soil Cover: 6" inchesTrench Width: 36" 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:

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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 LevoczDate: 06/25/25Authorized Agent's Signature: Expiration Date: 06/25/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

SITE SKETCH
PIN 1508-51-6793.000 Permit Number SFD2505-0140

ILAS WAY Lot 8

Subdivision/Section/Lot Number

06/25/2025

Date _____

Scale = NTS