

**HARNETT COUNTY ENVIROMENTAL HEALTH**

File/Permit #: SFD2505-0183

CDP #:

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

Owner: Family Building Company II LLC

Applicant: Family Building Company II LLC

Property Location: 125 RAWLS CLUB RD FUQUAY-VARINA, NC 27526

PIN/Lot Identifier: 0655-52-0289.000

Subdivision:

Lot #: _____ Block: _____ Section: _____

Facility Type: SFD 21' x 30.7' Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR (Initial): .5 gpd/ft² LTAR (Repair): .5 gpd/ft²

Wastewater System Type: 25% Reduction System (Initial)

Pump Required: ☐ Yes ☐ No ☒ May be required

Usable Depth to Limiting Condition (Initial): 48"

Wastewater System Type: 50% Reduction System (Repair)

Pump Required: ☐ Yes ☐ No ☒ May be required

Usable Depth to Limiting Condition (Repair): 48"

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: 07/14/2025

Authorized Agent's Signature:

Expiration Date: 07/14/2030

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

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Applicant: Family Building Company II LLC

Property Location: 125 RAWLS CLUB RD FUQUAY-VARINA, NC 27526

PIN/Lot Identifier: 0655-52-0289.000

Subdivision:

Lot #: _____ Block: _____ Section: _____

Facility Type: SFD 21' x 30.7' Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR: .5 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: 1,000 gallons Total Trench Length: 180' feet Trench Spacing: 9' feet on center

Pump Tank Size: _____ gallons Maximum Trench Depth: 18"-28" inches Soil Cover: 6" inches

Trench 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:**

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: 07/14/25

Authorized Agent's Signature:

Expiration Date: 07/14/2030

Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

