

**HARNETT COUNTY ENVIROMENTAL HEALTH**

File/Permit #: SFD2505-0225

CDP #:

IMPROVEMENT PERMIT (IP)☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: GOLDEN LEAF LLCApplicant: GOLDEN LEAF LLCProperty Location: 461 PARTIN RD DUNN, NC 28339PIN/Lot Identifier: 1518-63-7568.000

Subdivision: _____

Lot #: TR#5

Block: _____

Section: _____

Facility Type: SFD 60' x 98'Number of bedrooms: 5Number of Occupants: 10

Other: _____

Design Daily Flow: 600

GPD

LTAR (Initial): .275gpd/ft²LTAR (Repair): .3gpd/ft²Wastewater System Type: 25% Reduction System

(Initial)

Pump Required: ☐ Yes ☒ No ☐ May be requiredUsable Depth to Limiting Condition (Initial): 26"Wastewater System Type 25% Reduction System

(Repair)

Pump Required: ☒ Yes ☐ No ☐ May be requiredUsable Depth to Limiting Condition (Repair): 37"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 LevoczDate: 06/25/2025Authorized Agent's Signature: [Signature]Expiration Date: 06/25/2030**CONSTRUCTION AUTHORIZATION (CA)**☒ New☐ Expansion☐ Repair☐ System Relocation☐ Change of UseOwner: GOLDEN LEAF LLCApplicant: GOLDEN LEAF LLCProperty Location: 461 PARTIN RD DUNN, NC 28339PIN/Lot Identifier: 1518-63-7568.000

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Facility Type: SFD 60' x 98'Number of bedrooms: 5Number of Occupants: 10

Other: _____

Design Daily Flow: 600

GPD

LTAR: .275gpd/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: 1,250 gallonsTotal Trench Length: 552' feetTrench Spacing: 9' feet on center

Pump Tank Size: _____ gallons

Maximum Trench Depth: 14" inchesSoil Cover: 6" inchesTrench Width: 36" inchesDistribution Method: ☐ Serial☒ D-Box or Parallel☐ Pressure Manifold☐ Other: 4 - 138' LinesArtificial 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 LevoczDate: 06/25/25Authorized Agent's Signature: [Signature]Expiration Date: 06/25/2030

Owner/Legal Representative Signature: _____

Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 1518-63-7568.000

Permit Number SFD2505-0225

GOLDEN LEAF LLC

TR#5

Applicant's Name

Subdivision/Section/Lot Number

Ren Levocz

06/25/2025

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

