

## HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAROLI'	File/Permit #: SFD2507-0006
IMPROVEMENT PI	ERMIT (IP) CDP #:
	System Relocation Change of Use pplicant: HICKS RONALD WAYNE
	N/Lot Identifier: 0644-08-5232.000
	ot #: LOT#4R Block: Section:
Facility Type: SFD 82' x 59' Number of bedrooms: 3 Num	ber of Occupants: 6 Other:
Design Daily Flow: 360 GPD LTAR (Initial): 3 gpd/	ft <sup>2</sup> LTAR (Repair):3gpd/ft <sup>2</sup>
Wastewater System Type: 25% Reduction System (Initial)	
Pump Required: Yes No May be required Usable Dep	
Wastewater System Type 25% Reduction System	
Pump Required: ■ Yes □ No □ May be required Usable Dep	
Effluent Standard: DSE HSE Other: Type of Water Su	
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. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> 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: 07/21/2025
Authorized Agent's Signature: Mr. 2008 AEHS	Expiration Date: 07/21/2030
CONSTRUCTION AUTHORIZATION (CA)	
THE STATE OF THE S	System Relocation
	IN/Lot Identifier: 0644-08-5232.000
	ot #: LOT#4R Block: Section:
Facility Type: SFD 82' x 59' Number of bedrooms: 3 Num	
Design Daily Flow: 360 GPD LTAR: .3 gpd/ft <sup>2</sup>	
Effluent Standard: DSE HSE Other: Type of Water Su	pply: 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: 300' feet	
Pump Tank Size: gallons Maximum Trench Depth: 18"-28" ir	
	D-Box or Parallel Pressure Manifold Other: 4 - 75' Lines
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. Sonstruction Authorization is subject to revocation if the site plan, plat, or the intended use changes. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18	The Construction Authorization shall not be affected by a change in ownership of E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: Ren Levocz  Authorized Agent's Signature:	Date: 07/21/25  Expiration Date: 07/21/2030
Authorized Agent's Signature:	Expiration Date: 3772172330

Owner/Legal Representative Signature: \_\_\_\_\_\*See attached site sketch

Date: \_\_\_

## SITE SKETCH

PIN 0644-08-5232.000

Permit Number SFD2507-0006

## HICKS RONALD WAYNE

Applicant's Name Ren Levocz

Authorized State Agent

LOT#4R

Subdivision/Section/Lot Number 07/21/2025

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.

