

Owner/Legal Representative Signature: \_\_\_\_

## HARNETT COUNTY ENVIROMENTAL HEALTH

NORTH CAROLINA	File/Permit #: SFD2509-0011
IMPROVEMENT PERMIT	
	Relocation
	entifier: 0643-28-0865.000
	2 Block: Section:
Facility Type: SFD 117' x 53' Number of bedrooms: 5 Number of Occ	
Design Daily Flow: 600 GPD LTAR (Initial): .3 gpd/ft² LT	AR (Repair): .3 gpd/ft²
Wastewater System Type: Conventional System	
Pump Required: Yes No May be required Usable Depth to Limit	ing Condition (Initial): 30"
Wastewater System Type 50% Reduction System	Repair)
Pump Required: 🔳 Yes 🗌 No 🔝 May be required Usable Depth to Limit	ing Condition (Repair): $30$ "
Effluent Standard:   DSE HSE Other: Type of Water Supply: F	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 requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Improver 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: 10/27/2025
Authorized Agent's Signature: Mar for LEHS	Expiration Date: 10/27/2030
CONSTRUCTION AUTHORIZAT  Repair System	TION (CA)  Relocation
	JARMON CHARLES DANIEL & JARMON VALERIE BENFIELD
Property Location: 192 JARMON LN FUQUAY-VARINA, NC 27526 PIN/Lot Ide	entifier: 0643-28-0865.000
Subdivision: Lot #: TR#	2 Block: Section:
Facility Type: SFD 117' x 53' Number of bedrooms: 5 Number of Occ	upants: 10 Other:
Design Daily Flow: 600 GPD LTAR: $3$ gpd/ft <sup>2</sup>	
Effluent Standard: DSE HSE Other: Type of Water Supply: F	Private well Municipal Supply Other:
Installation Requirements/Conditions	
	Pump Required: 🗌 Yes 🔲 No 🔳 May be required
	ench Spacing: 9' feet on center
Pump Tank Size: gallons Maximum Trench Depth: 18" inches Sc	
Trench Width: <u>36"</u> inches Distribution Method: ☐ Serial ■ D-Box or Po	
Artificial Drainage Required: Yes No III 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 Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Experimental Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18E.	tion Authorization shall not be affected by a change in ownership of AC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: Ren Levocz	Date:
Authorized Agent's Signature: 12 1545	Expiration Date: 10/27/2030

## SITE SKETCH

<sub>PIN</sub> 0643-28-0865.000

Permit Number SFD2509-0011

JARMON CHARLES DANIEL & JARMON VALERIE BENFIELD	TR#2	
Applicant's Name	Subdivision/Section/Lot Number	
Ren Levocz	10/27/2025	
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.

