

**HARNETT COUNTY ENVIROMENTAL HEALTH**File/Permit #: SFD2510-0008

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: 216 NATCHEZ TRACE FUQUAY-VARINA, NC 27526 PIN/Lot Identifier: 0613-96-1173.000

Subdivision: CAPTAINS LANDING Lot #: LOT#17 BLK 4 Block: _____ Section: _____

Facility Type: SFD 45' x 27' Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Daily Flow: 360 GPD LTAR (Initial): .3 gpd/ft² LTAR (Repair): .3 gpd/ft²

Wastewater System Type: 25% Reduction System (Initial)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Initial): 36"

Wastewater System Type Repair Exempt (Partial Listed on Site Sketch) (Repair)

Pump Required: ☒ Yes ☐ No ☐ May be required Usable Depth to Limiting Condition (Repair): 36"

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: 10/27/2025
Authorized Agent's Signature: [Signature] Expiration Date: 10/27/2030

CONSTRUCTION AUTHORIZATION (CA)

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

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Subdivision: CAPTAINS LANDING Lot #: LOT#17 BLK 4 Block: _____ Section: _____

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Design Daily Flow: 360 GPD LTAR: .3 gpd/ft²

Effluent 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: 300' feet Trench Spacing: 9' feet on center

Pump Tank Size: 1,000 gallons Maximum Trench Depth: 18"-24" Max inches Soil Cover: 6" inches

Trench Width: 36" inches Distribution Method: ☐ Serial ☒ D-Box or Parallel ☐ Pressure Manifold ☐ Other: 5 - 60' Lines

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: 10/27/25
Authorized Agent's Signature: [Signature] Expiration Date: 10/27/2030
Owner/Legal Representative Signature: _____ Date: _____

***See attached site sketch**

Harnett County Environmental Health

SITE SKETCH

PIN 0613-96-1173.000

Permit Number SFD2510-0008

FAMILY BUILDING COMPANY II LLC

CAPTAINS LANDING LOT#17 BLK 4

Applicant's Name

Ren Levocz

Subdivision/Section/Lot Number

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.

Scale = NTS

