

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: OVERMILLS RD

ISSUED TO: CAVINESS LAND DEVELOPMENT SUBDIVISION: STONECROSS LOT # 32

NEW [X] REPAIR [] EXPANSION []

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SFD (57'x39')

Proposed Wastewater System Type: 25% REDUCTION SYSTEM

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement [] Yes [X] No

Pump Required: [] Yes [X] No [] May be required based on final location and elevations of facilities

Type of Water Supply: [] Community [X] Public [] Well Distance from well 100 feet

Permit valid for: [X] Five years [] No expiration

Permit conditions:

Authorized State Agent: [Signature] RS (OLIVER TOLSON) Date: 9/19/06

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department 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 site 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: CAVINESS LAND DEVELOPMENT PROPERTY LOCATION: OVERMILLS RD

SUBDIVISION: STONECROSS LOT # 32

Facility Type: 3 BEDROOM SFD [X] New [] Expansion [] Repair

Basement? [] Yes [X] No Basement Fixtures? [] Yes [X] No

Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable []) PUMP TO 25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

3 TRENCHES

Septic Tank Size 1000 gallons Pump Tank Size _____ gallons

Exact length of each trench 50 feet Trenches shall be installed on contour at a Maximum Trench Depth of: 18 inches (Trench bottoms shall be level to +/- 1/4" in all directions)

Trench Spacing: 9 Feet on Center Soil Cover: 6 inches (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe _____ inches above pipe _____ inches total

Conditions:

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RS Date: 9/19/06

Construction Authorization Expiration Date: 9/19/11

HTE# 05-5-13653R

Permit # 23262

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: Overhills Rd

ISSUED TO: CAVINESS LAND DEVELOPMENT SUBDIVISION STONECROSS LOT # 32

Authorized State Agent: [Signature] RS Date: 9/19/06

