

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CAVINESS LAND DEVELOPMENT
PROPERTY LOCATION: OVERHILLS RD (SR1120)
SUBDIVISION: STONECROSS LOT # 48
NEW [X] REPAIR [] EXPANSION []
Type of Structure: SFO (44x55)
Proposed Wastewater System Type: 35% REDUCTION SYSTEM
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement [] Yes [X] No
Pump Required: [X] Yes [] 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

Authorized State Agent: [Signature] Date: 11/22/06 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: OVERHILLS RD (SR1120)
SUBDIVISION: STONECROSS LOT # 48
Facility Type: SFO (44x55) [X] New [] Expansion [] Repair
Basement? [] Yes [X] No Basement Fixtures? [] Yes [] No
Type of Wastewater System** 35% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable [])
25% REDUCTION SYSTEM (Repair)

Installation Requirements/Conditions

2 TRENCHES
Septic Tank Size 1000 gallons Exact length of each trench 50 feet Trench Spacing: 9 Feet on Center
Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 12 inches
Maximum Trench Depth of: 24 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.

Authorized State Agent: [Signature] Date: 11/22/06 SEE ATTACHED SITE SKETCH
Construction Authorization Expiration Date: 11/22/11

HTE# 05-5-13658R02

Permit # 232910

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: OVERHILLS Rd (SR1120)

ISSUED TO: CAVINESS LAND DEVELOPMENT SUBDIVISION STONECROSS LOT # 48

Authorized State Agent: ~~_____~~ RS (OLIVER TOLKSDORF) Date: 11/22/06

