## HTE# 05-5-13656 RRRRR Harnest County Department of Public sealth

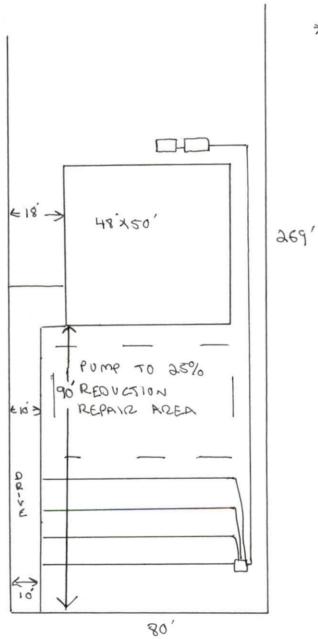
25013

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit	
PROPERTY LOCATION: OVERHILLS Ro 5R#1120	
	# 48
NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance	
Type of Structure: SFO (48'x50')	
Proposed Wastewater System Type: Pume To 25% REDUCTION	
Projected Daily Flow: 480 GPD	
Number of bedrooms: 4 Number of Occupants: 8 max	
Basement	
Pump Required: XIVes  No  May be required based on final location and elevations of facilities	
Type of Water Supply:   Community Public Well Distance from well feet Permit valid for: Five ye	
Permit conditions: DRIVEWAY MAY BE NO WIDER THEN 10 IN exp	ration
the same of the sa	
Authorized State Agent:  SEE ATTACHED SITE SKI	TCU
Authorized State Agent::  Date: 9 22 09 SEE ATTACHED SITE SKI  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 requ	
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	e 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	n accordance
with the attached system layout.	
ISSUED TO: CAVINESS LAND DEV. PROPERTY LOCATION: OVERHILLS RO	
SUBDIVISION STONECROSS LOT #	48
Facility Type: 5FD (48750)   New   Expansion   Repair	
Basement? Yes No Basement Fixtures? Yes No	
Type of Wastewater System** Pume To 25% PLEDUCTION SYSTEM (Initial) Wastewater Flow: 480	GPD
(See note below, if applicable $\square$ )	_ 0.0
Pump To 25% REDUCTION SYSTEM (Repair)	
Installation Requirements/Conditions  Number of trenches 4	
· O	
	er
Pump Tank Size voo gallons Trenches shall be installed on contour at a Soil Cover: 12 inches	
Maximum Trench Depth of: inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level to $\pm 1/4$ " 36" above the trench bottom)	
in all directions)	
Pump Requirements: ft. TDH vs GPM inches	below pipe
Aggregate Depth: inches	above pipe
Conditions: DRIVEWAY MAY BE NO WIDER THEN 10'	inches total
**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 sit	e. This
Construction Authorization is subject to compliance water the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	E SKETCH
Authorized State Agent: Date: 9/22/07	
Construction Authorization Expiration Date: 9 32 13	
Construction Authorization Expiration Date.	

## Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: OVERHILLS RO SR#1120		
ISSUED TO: CAYINESS LAND DEV. SUBDIVISION STONEGROSS	LOT # 4-8	
Authorized State Agent: 05 (OLIVER TOLKS POR) Date: 9 22 08		



\* DENEWAY MAY BE No WIDER THEN 10'