HTE#06-5-1511480CL

Harnett County Department of Public Health

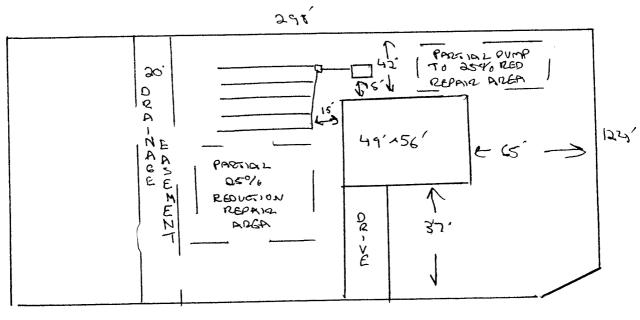
26050

Improvement Permit

A building	permit cannot be issued with only an Improvement Permit
ISSUED TO: CHARLNETZKY CUSTOM F	PROPERTY LOCATION: OVERNILLS &S TOMES SUBDIVISION STONE CROSS LOT # 36R
NEW REPAIR C EXPANSION C	Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SFO(491456)	
Proposed Wastewater System Type: 25% REDUCTION	1 System
Projected Daily Flow: 360 GPD	
Number of bedrooms: Number of Occupants: Basement (Yes \subseteq No	<u>So</u> max
	on final location and elevations of facilities
Type of Water Supply: Community Public We	Il Distance from well 100 feet Permit valid for: Five years
Permit conditions:	No expiration
All the state of t	2016
Authorized State Agent: The issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of this permit by the Health Department in no way guarantees the issuance of the issua	Date: 5 24 10 SEE ATTACHED SITE SKETCH uantee 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 pe	rmit.
	Construction Authorization
_	(Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, with the attached system layout.	.1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
Facility Type: SFD (49'256)	PROPERTY LOCATION: OVERHILLS RO
1, 21, 2, 2	SUBDIVISION STONECROSS LOT # 36R
Facility Type: SFD(49 36)	X New □ Expansion □ Repair
Basement? X Yes No Basement Fixtures?	□ Yes XNo
Type of Wastewater System** 25% REDUCTION	N System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)	
	r of trenches 5
	ength of each trench 50 feet Trench Spacing: 9 Feet on Center
_ ,	es shall be installed on contour at a Soil Cover: 6 inches
Maximo	ım Trench Depth of: 18 inches (Maximum soil cover shall not exceed
(Trench	bottoms shall be level to +/-1/4" 36" above the trench bottom)
	firections)
Pump Requirements:ft. TDH vs GPM	inches below pipe
6 11 1 N P-18'F	Aggregate Depth: inches above pipe
Conditions: WATER LINE TIVET DE 10 F	REPAIR AREA. MAINTAIN 15' SETBACK FROM
11 BY ENCORCH ON INITIAL OR	KEPAIR AREA. MAINTAIN 15' SETBACK FROM
Basement.	
"It applicable: I understand the system type specified is different	ent 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, plats or the i	ntended 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 provinces of the Laws a	nd Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date: 5 24 10
	Construction Authorization Expiration Date: 5 24 15 5

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: OVERNILLS RE	
ISSUED TO: CHARNETZKY CUSTEM HOMES SUBDIVISION STONECROSS	LOT # 3CR_
Authorized State Agent: 2675 OLIVERTOLKSONO Date: 5 27/10	



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