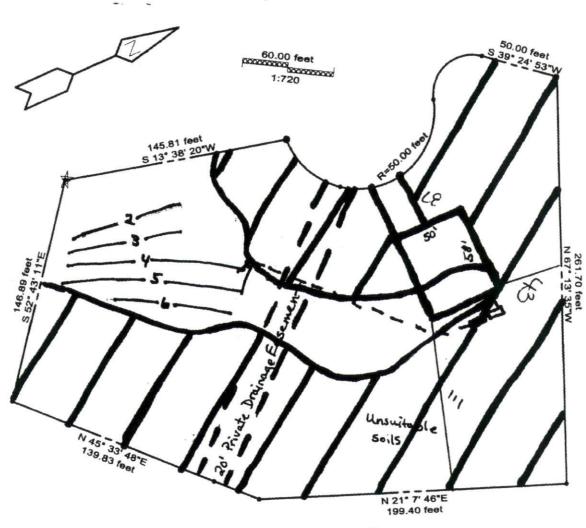
Initial Application Date: 6/14/06 C PRIMISH Application # 5050015/15/6 County of Harnett Land USE APPLICATION Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793
LANDOWNER: Stonecross LLC Mailing Address: 1201 N. O range ST City: Wilmington State: DE Zip: 19801 Phone #:
APPLICANT: Caviness Land Development Mailing Address: 2818 Partner Rd Ste 2003 City: Fayetteville State: WE Zip: 2003 Phone #: 910 481 0503
PROPERTY LOCATION: SR #: 120 SR Name: MUNISRd Parcel: 01 053514 0100 17 PIN: 0515-30-7546.000 1.07A C Zoning: RA ZOR Subdivision: 5toypecross Lot #: 43 R Lot Size: 140 Flood Plain: X Pancl: 155 Watershed: NA Deed Book/Page: 1435/493 Plat Book/Page: 2005/933 DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 210 S TOWARDS SPRING LAKE. TAKE R ON RAY PD. TVRN (R)ON OVERHIUS, TVRN (D) INTO STONECROSS
PROPOSED USE: Sg. Family Dwelling (Size
Other
Water Supply: (2) County (1) Well (No. dwellings 1) Other cwage Supply: (2) New Septic Tank (1) Existing Septic Tank (1) County Sewer (1) Other crossion & Sedimentation Control Plan Required? YES (NO) tructures on this tract of land: Single family dwellings (1) Manufactured homes (2) Other (specify) roperty owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES (200')
equired Property Line Setbacks: Minimum Actual Front 35 37 Rear 25 117.2 111 Side 10 43 Corner 20' 47
permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I reby swear that the foregoing statements are accurate and correct to the best of my knowledge.
86/14/06
This application expires 6 months from the date issued if no permits have been issued**



SITE PLAN APPROVAL

DISTRICT PLAN USE

**BEDROOMS

**BEDROOMS

CK 262

CX 1262

Date

**Zoning Administrator

**REVISION

**RE

25993

4.00

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, 266 Old Coats Road Lillington, NC 27546-0400 Phone (910) 893-8743 / Fax (910) 893-3594 E-mail: halowen@earthlink.net

11 September 2006

Mr. Oliver Tolksdorf Harnett County Environmental Health Harnett County Government Complex 307 Cornelius Harnett Boulevard Lillington, NC 27546

Reference: Septic System Design

Lot 43 & 44 Recombination, Stone Cross Subdivision

Dear Mr. Tolksdorf,

A site investigation was conducted for the above referenced property located on the southeastern side of Cobblestone Drive, Anderson Creek Township, Harnett County, North Carolina. The purpose of the investigation was to determine the ability of these lots, when combined, to support a subsurface sewage waste disposal system and 100 % repair area for a typical three-bedroom home. It is my understanding that public water supplies will be utilized for this lot. A foundation drain will be possible. A pump to two 115-foot innovative drainlines is the proposed design for the initial septic system. The repair septic system is proposed with a pump to three 75-ft innovative drainlines. Both the initial and repair septic system are proposed with trench bottom depths of 12 inches below ground surface.

Attached is the septic system layout and supporting information for this lot. I trust that this report provides all the information that you require at this time. If you have any questions or need additional information, please contact me at your convenience.

Sincerely,

Laura J. Fortner

Licensed Soil Scientist

Laura of Frative

Lot 43/44, Stone Cross Subdivision

On-Site Wastewater Design Specifications

House Footprint: 58' x 50' (Foundation Drain Possible)

Bedrooms: 3 (Daily Flow 360 gallons)

Initial System: Pump Innovative (2 x 115-ft)

on contour at: 12 inches LTAR: 0.4 gpd/sqft

Repair System: Pump Innovative (3 x 75-ft)

on contour at: 12 inches

Prepared By: LJF Hal Owen & Associates, Inc. Soil & Environmental Scientists P.O. Box 400, 266 Old Coats Rd. Lillington, NC 27546-0400 Phone: (910) 893-8743

LEGEND

EIP

W

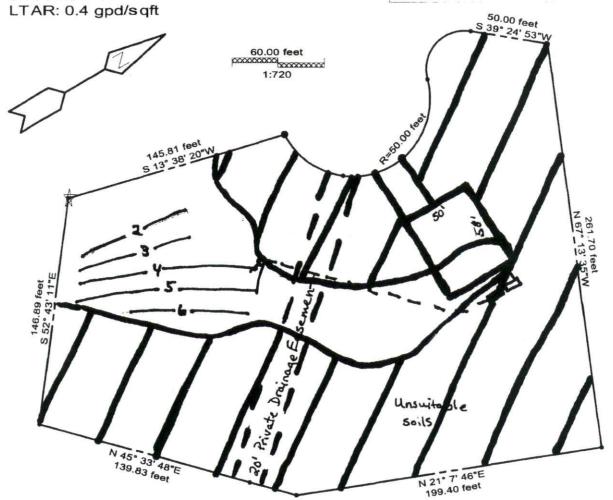
Step-down

Septic Tank Pump Tank

Proposed Well O D-Box

Existing Well

Pressure Manifold



Lines flagged at site on 9-ft centers.

Initial/ Repair	Line#	Color	Drainline Length(ft)	Measured Field Line Length (ft)	Relative Elevation (ft)
N/A	1	В	0	50	98.36
Repair	2	W	75	80	96.99
Repair	3	R	75	111	95.8
Initial	4	Υ	115	128	94.53
Initial	5	В	115	134	93.28
Repair	6	W	75	82	92.18
		Total:	455	585	EIP = 100



	Strang mess
OWNER NAME:_	Stonecross

APPLICATION #:	15115
ALLECATION #.	

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

	Count	y nearth D	epartment Application for improvement refinit and/or Authorization to	Jonstruct			
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)							
DE	VELO	MENT INFO	ORMATION				
X	New si	ngle family re	esidence				
	Expans	sion of existing	g system				
	Repair	to malfunction	ning sewage disposal system				
	Non-re	sidential type	of structure				
WA	TERS	UPPLY	_				
	New w	ell					
	Existin	g well					
o′	Comm	unity well					
X	Public	water					
a	Spring						
			ells, springs, or existing waterlines on this property?				
{	} yes	{X} no {_}}	} unknown				
	TIC						
			on to construct please indicate desired system type(s): can be ranked in order of preference, must cl	noose one.			
	} Acce		{} Innovative				
		native					
		entional					
			the local health department upon submittal of this application if any of the following apply to "yes", applicant must attach supporting documentation.	the property in			
{	YES	{X} NO	Does the site contain any Jurisdictional Wetlands?				
{	YES	{ ★ } NO	Does the site contain any existing Wastewater Systems?				
{	YES	(4) NO	Is any wastewater going to be generated on the site other than domestic sewage?				
{	YES	(X) NO	Is the site subject to approval by any other Public Agency?				
{	YES	NO (T)	Are there any easements or Right of Ways on this property?				
{	YES	ON (X)	Does the site contain any existing water, cable, phone or underground electric lines?				
			If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.				
I Ha	ve Read	This Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct, Authoriz	ed County And			
			d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Li				
1 Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed							
The Site Accessible So That A Complete Site Evaluation Can Be Performed.							
		NOre	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DA	8-01			
PRO	OPERT	OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DA	TE			