HTE# 10-5-24630R

Harn County Department of Public ...alth

Improvement Permit

26249

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OVERWILLS RD
ISSUED TO: CHARRETZKY CUSTOM HOMES SUBDIVISION STONECROSS LOT # 47R
NEW REPAIR □ - EXPANSION □ Site Improvements required prior to Construction Authorization Issuance:
Type of Structure: SEO (50 × 56)
Proposed Wastewater System Type: Pume To Conventional Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6 max
Number of bedrooms: 3 Number of Occupants: 6 max
Basement Xes No
Pump Required Yes No May be required based on final location and elevations of facilities
Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years
Permit conditions: No expiration
and the state of t
Authorized State Agent: Date: 8/19/10 SEE ATTACHED SITE SKETCH
riddionized state injuries
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: CHARACTERY COSTOM HOMES PROPERTY LOCATION: OVERHILLS RO
SUBDIVISION STONECROSS LOT # 4712
Facility Type: SFO (50'×56') X New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** PUMP TO CONVENTIONAL (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable \square)
Pump To 25% REDUCTION (Repair)
Installation Requirements/Conditions Number of trenches 2
(Trench bottoms shall be level to +/-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: inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.
**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 in 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 previsions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
Authorized State Agent: Date: 8 19 10

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: OVERWILLS FO

SUBDIVISION STONE CROSS

LOT # 47 R

OCHS (OLIVER TOLKSDOR) Date: 8 20 10

