HTE# 10-5-24780R

Harness County Department of Public health

Improvement Permit

26235

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: STONE CROSS STONELLOSS LLC ISSUED TO: SUBDIVISION STONECROSS EXPANSION 🗆 🖊 REPAIR 🗆 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 5FD (50×50) 78 7274 Proposed Wastewater System Type: Pump To 25% REDUCTION Projected Daily Flow: 360 Number of Occupants: _ G max Number of bedrooms: Basement TYes Pump Required: XYes ☐ No ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community Public

Well Distance from well feet Five years Permit valid for: Permit conditions: \square No expiration Authorized State Agent:: 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. REVISED 1/25/12 07 **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 (See note below, if applicable □) Pume To PANEZ BLOCK (Repair) **Installation Requirements/Conditions** Septic Tank Size LOGO Exact length of each trench <u>55</u> feet Trench Spacing: <u>9</u> Feet on Center gallons Soil Cover: 6-12 Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed (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: THIS PERMY BASED ON A PROPOSAL FROM HOPLICANTS 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: 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 some compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 3 13 REVISED VAENDOT

Harnett County Department of Public Health Site Sketch

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Authorized State Agent:

PROPERTY LOCATON: STONECROSS DR

SUBDIVISION STONECROSS LOT # 31

RENISED 1/25/12 or

