HTE# 10-5-24980

## Harnett County Department of Public Health

## **Improvement Permit**

26235

A building permit cannot be issued with only an Improvement Permit
ISSUED TO: STONECROSS LLC PROPERTY LOCATION: STONE CROSS DOC  SUBDIVISION STONE CROSS LOT # 3/
NEW X REPAIR □ EXPANSION □ Site Improvements required prior to Construction Authorization Issuance:  Type of Structure:   SED (いろうち)
Proposed Wastewater System Type: _Pume To 25% Repuction
Projected Daily Flow: GPD
N 1 (1) 3 N 1 (0)
Number of Dedrooms: Sumber of Occupants: Max  Basement Sumber of Occupants: Max
Pump Required:
Type of Water Supply:   Community Public   Well Distance from well   Five years
Permit conditions: No expiration
по ехригации
Authorized State Agent: Date: 8 13 10 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.
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: STONECROSS LLC PROPERTY LOCATION: STONECROSS DR
SUBDIVISION STONECOOSS LOT # 31
Facility Type: SFD (40'x50')  New   Expansion   Repair
Basement?  Yes No Basement Fixtures? Yes No
Type of Wastewater System** Pump To 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
(See note below if applicable (1)
Pune To Panez BLOCIC (Repair)
Installation Requirements/Conditions Number of trenches 2
Maximum Trench Depth of: 18-24 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 GPMinches below pipe
Aggregate Depth: inches above pipe
Conditions: THIS PERMY BOSED ON A PROPOSOL FROM PROPULCANTS inches total
DOVE DENEMIST.
VATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. IO 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:
his 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
onstruction Authorization is subject 1 compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.
uthorized State Agent: Date: 8 13 10
uthorized State Agent: Date: 8 13 10  Construction Authorization Expiration Date: 8 13 15
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HTE#	503	5

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## Harnett County Department of Public Health Site Sketch

