

HTE# 11-5-26921R

Harnett County Department of Public Health

26652

Improvement Permit

DR HOGSON INC A building permit cannot be issued with only an Improvement Permit

ISSUED TO: STONE CROSS LLC PROPERTY LOCATION: OVERHILLS RD
 SUBDIVISION STONE CROSS LOT # 102

NEW REPAIR EXPANSION
 Type of Structure: SFO (45x38') Site Improvements required prior to Construction Authorization Issuance:

Proposed Wastewater System Type: PUMP TO 25% REDUCTION * SEE NOTE BELOW
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes 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
 No expiration
 Permit conditions: _____

Authorized State Agent: [Signature] REHS Date: 7/12/11 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 7/22/13 REHS

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.

DR HOGSON INC

ISSUED TO: STONE CROSS LLC PROPERTY LOCATION: OVERHILLS RD
 SUBDIVISION STONE CROSS LOT # 102

Facility Type: SFO (45x38') 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)
PUMP TO 25% REDUCTION (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
 * Pump Tank Size 1000 gallons *
 PUMP MAY BE OMITTED IF PROPER FALL CAN BE MAINTAINED

Number of trenches 3
 Exact length of each trench 40 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 18-24 inches (Trench bottoms shall be level to +/- 1/4" in all directions)

Trench Spacing: 9 Feet on Center
 Soil Cover: 6-12 inches (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM
 Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 inches total

Conditions: PERMIT BASED ON A PROPOSAL FROM APPLICANTS LSS

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 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 subject to 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: [Signature] REHS Date: 7/12/11
 Construction Authorization Expiration Date: 7/12/16

HTE# 11-5 26921R

Permit # 26652

Harnett County Department of Public Health Site Sketch

ISSUED TO: DR HORTON INC PROPERTY LOCATOR: OVERHILLS RD
SUBDIVISION STONE CROSS LOT # 102

Authorized State Agent: _____ Date: _____

