

HTE# 11-5-26926RR

Harnett County Department of Public Health

Improvement Permit

26600

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: DR HORTON, PROPERTY LOCATION: OVERHILLS RD, SUBDIVISION: STONE CROSS, LOT # 101, Type of Structure: SFD (40'x50') 47'x38', Proposed Wastewater System Type: CONVENTIONAL, Projected Daily Flow: 480 GPD, Number of bedrooms: 4, Number of Occupants: 8 max, Basement: No, Pump Required: No, Type of Water Supply: Public, Distance from well: 100 feet, Permit valid for: Five years

Authorized State Agent: [Signature] 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.

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: DR HORTON, PROPERTY LOCATION: OVERHILLS RD, SUBDIVISION: STONE CROSS, LOT # 101, Facility Type: SFD (40'x50') 47'x38', Basement: No, Type of Wastewater System: CONVENTIONAL, (Initial) Wastewater Flow: 480 GPD, Pump To CONVENTIONAL (Repair)

Installation Requirements/Conditions: Number of trenches: 1, Septic Tank Size: 1000 gallons, Pump Tank Size: [blank] gallons, Trench Spacing: 9 Feet on Center, Soil Cover: 6-12 inches, Pump Requirements: [blank] ft. TDH vs. [blank] GPM, Conditions: PERMITS 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: [Signature] Date: [blank]

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] Date: 7/12/11 Construction Authorization Expiration Date: 7/12/16

HTE# 11-5-26920RR

Permit # 26600

Harnett County Department of Public Health Site Sketch

DR HORTON

ISSUED TO:

STONE CROSS LLC

PROPERTY LOCATOR:

OVERHILLS RD

SUBDIVISION

STONE CROSS

LOT # 101

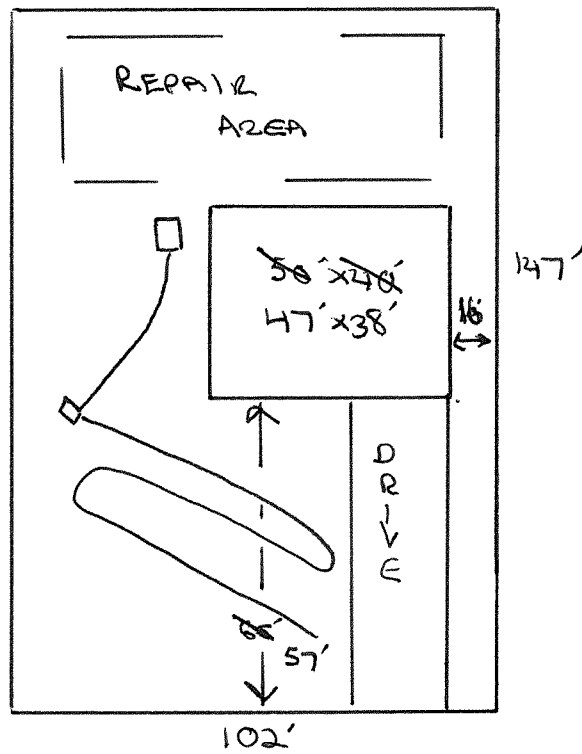
Authorized State Agent:

REAS (OLIVER TOLKSDORF)

Date:

7/12/11

REVISED 8/14/12



STONEHURST DRIVE