HTE#\_11-5-2692)

## Harnett County Department of Public Health

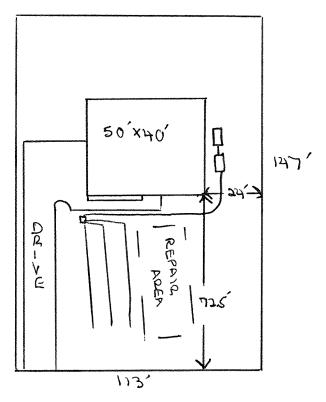
Improvement Permit

26652

A building permit cannot be issued with only an Improvement Permit  PROPERTY LOCATION: () ハビステリンころ 化の		
ISSUED TO: STONE CROSS LLC SUBDIVISION		
NEW 20 REPAIR TO EXPANSION TO	Site Improvements required prior to Construction Authorization Issuance:	
NEW 本 REPAIR ロ	site improvements required prior to construction nationization issuance.	
Proposed Wastewater System Type: Pure To 25% REOUCTION		
Projected Daily Flow: 360 GPD  Number of bedrooms: S Number of Occupants: 6 max		
Number of bedrooms: Number of Occupants: max		
Basement 🗆 Yes 🔀 No		
Pump Required: ☐ No ☐ May be required based on final location and ele	evations of facilities	
Type of Water Supply:   Community   Public   Well Distance from well   Permit conditions:	100 feet Permit valid for: Five years	
0. 111		
Authorized State Agent: Date:	フ ハン SEE ATTACHED SITE SKETCH	
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The per site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	mit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of	
Construction A	uthorization	
(Required for Bui	Iding Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 with the attached system layout.		
ISSUED TO: STONE CROSS LLC PROPER	TY LOCATION: OVERHILLS 20	
SUBDIVI	SION STONE CROSS LOT # 102	
Facility Type: 9FO(40'+50') X New 🗆 Expa	unsion 🗆 Repair	
Basement? 🗆 Yes 🔍 No Basement Fixtures? 🗀 Yes 💢 No		
Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☒ No Type of Wastewater System**	System (Initial) Wastewater Flow: 360 GPD	
(See note below, if applicable $\square$ )		
PUME TO 25% REDUCTION	(Repair)	
Installation Requirements/Conditions Number of trenches 3		
Septic Tank Size 1000 gallons Exact length of each trench _	feet Trench Spacing: 9 Feet on Center	
Pump Tank Size LOOO gallons Trenches shall be installed on		
Maximum Trench Depth of: $\underline{\underline{\Upsilon}}$	8-24 inches (Maximum soil cover shall not exceed	
(Trench bottoms shall be level		
· ·	30 above the trench portonly	
in all directions)		
Pump Requirements:ft. TDH vs GPM	inches below pipe	
	Aggregate Depth: inches above pipe	
Conditions: PEAMY BASED ON A PROPOSAL FROM A	POPLICANTS LSS 12 inches total	
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.		
**If applicable: I understand the system type specified is different from the type speci	ified on the application. I accept the specifications of this permit.	
Owner/Legal Representative Signature:	Date:	
his Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Const	truction Authorization shall not be transferred when there is a change in ownership of the site. This	
onstruction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment		
Authorized State Agent:	Date:	
Construction Author	orization Expiration Date:	

## Harnett County Department of Public Health Site Sketch

C 6	PROPERTY LOCATON:	ERHILLS RD	
ISSUED TO: STONE CROSS LLC	SUBDIVISION STON	e Cross	LOT #_102
Authorized State Agent:	(OLIVER-TOLKSDORF)	Date: 7/12/17	
,			



STONEHURST DRIVE