HTE#<u>11-5-26922</u>R

Harnett County Department of Public Health

Improvement Permit

26653

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OVERDAILS RD ISSUED TO: STONE CROSS LIC SUBDIVISION STONE CROSS NEW 🔀 EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: _SFO (40' >50' Proposed Wastewater System Type: Convension AL Projected Daily Flow: 480 GPD Number of Occupants: __ 8 Number of bedrooms: Basement ☐Yes Pump Required: ☐Yes >Z No ☐ May be required based on final location and elevations of facilities Type of Water Supply:

Community

Public

Well Distance from well

O feet Permit valid for: Permit conditions: No expiration Date: 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. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules .1950, .1951, .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: STONE CROSS LLC PROPERTY LOCATION: OVERZHILLS SUBDIVISION 5-50NE CROSS Facility Type: 5FD (40'×50') New 🗆 Expansion 🗆 Repair Basement? Yes No Basement Fixtures? Yes CONTENTIONAL (Initial) Wastewater Flow: 480 GPD Type of Wastewater System** (See note below, if applicable JAMOIZIBLIA Installation Requirements/Conditions Number of trenches Trench Spacing: _____ Feet on Center Exact length of each trench 100 feet Septic Tank Size 1000 gallons Soil Cover: 6-12 inches Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18-22 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. ____ inches below pipe inches above pipe Conditions: PERMY BRISED ON A PROPOSAL From APPLICANTS inches total 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: Construction Authorization Expiration Date:

Harnett County Department of Public Health Site Sketch

Authorized State Agent:

PROPERTY LOCATON: OVERHILLS RD

SUBDIVISION STONECROSS LOT # 103

Date: 7 12 11

