HTE# 11-5-26924

Harnett County Department of Public Health

Improvement Permit

26655

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: O VERNIUS SUBDIVISION STONE CROSS STONECROSS LIC ISSUED TO: NEW X Site Improvements required prior to Construction Authorization Issuance: SFO (30' x50') Type of Structure: Proposed Wastewater System Type: PUMP To 25% REOUCTON 360_ Projected Daily Flow: Number of Occupants: _____ Number of bedrooms: Basement TYes 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 Foo feet Five years Permit valid for: Permit conditions: ☐ No expiration The issuance of this permit by the Health Department in no way guarantees the squance 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: OVERNILLS SUBDIVISION STUNE CROSS LOT # 105 Facility Type: SFO (30 \ SO') New 🗆 Expansion 🗆 Repair Basement?

Yes

No Basement Fixtures?

Yes

No

Type of Wastewater System**

Punk to 25% REDUCTION SYSTEM (Initial) Wastewater Flow:

360 GPD (See note below, if applicable) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Exact length of each trench ________ feet Trench Spacing: ______ Feet on Center Pump Tank Size \ OOO gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 18 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. ____ GPM __ inches below pipe Aggregate Depth: _____ inches above pipe Conditions: PERMIT BASED ON 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: 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 revisions 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

