HTE# 11-5-26929

Harnett County Department of Public Health

Improvement Permit

26660

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: OVERNALLS Ro	
ISSUED TO: STONE CROSS LLC SUBDIVISION STONE CROSS	LOT # 110
NEW REPAIR EXPANSION Site Improvements required prior to Constructive:	
Proposed Wastewater System Type: Pume To Conventional	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6 max	
Basement 🗆 Yes 🔀 No	
Pump Required: Ves	alid for: Five years
Authorized State Agent:: 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 gover 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	SEE ATTACHED SITE SKETCH raing bodies in meeting their requirements. This t is subject to compliance with the provisions of
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 with the attached system layout.	·
ISSUED TO: STONE CROSS LLC PROPERTY LOCATION: OVERHILLS R SUBDIVISION STONE CROSS	<u>a</u>
Facility Type: STOCAO X50 New Expansion Repair Basement? Yes No Basement Fixtures? Yes No Type of Wastewater System** PUMP TO CONVENTIONAL (Initial) Wastewa (See note below, if applicable PUMP TO CONVENTIONAL (Repair) Installation Requirements/Conditions Number of trenches 2 Septic Tank Size LOOO gallons Exact length of each trench Tench Spacing:	ater Flow: <u>360</u> GPD GPD Feet on Center
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: Maximum Trench Depth of: inches (Maximum soil co (Trench bottoms shall be level to +/-1/4" 36" above the sin all directions)	over shall not exceed
Pump Requirements:ft. TDH vs GPM	inches below pipe
Conditions: PEAM IN BUSED ON PROPOSAL FROM APPLICANTS LSS	inches above pipe
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 specific	rations 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 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.	a change in ownership of the site. This SEE ATTACHED SITE SKETCH
Authorized State Agent: Date: 7 14 11	
Construction Authorization Expiration Date: 7 14 12	<u> </u>

HTE# 17-5-2	7625d
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Permit # <u>26660</u>

Harnett County Department of Public Health Site Sketch

