

Initial Application Date: 10-13-11

Application # 1150027693

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Stone Cross LLC Mailing Address: 125 Whispering Pines Drive

City: Spring Lake State: NC Zip: 28390 Contact No: 910-814-2633 Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Hal Owen Phone # 910-893-8743

PROPERTY LOCATION: Subdivision: Stone Cross Lot #: 30 Lot Size: 0.343 ac.

State Road # 1120 State Road Name: Overhills Map Book & Page: 2005953

Parcel: 01053514 0100 05 PIN: 0514-29-6939 .000

Zoning: RA-20R Flood Zone: None Watershed: N/A Deed Book & Page: 02726/0300 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 35 x 50) # Bedrooms: 2 # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no)

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	35
Rear	25	104.5
Closest Side	10	10
Sidestreet/corner lot	20	
Nearest Building on same lot	6	

Comments:
Just wanting to get septic permit @ this time. All house info. will be added when builder for lot is picked.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Lillington take NC 210 south toward Spring Lake. Turn right on Overhills Road and go about 4 miles. Turn right onto Stone Cross Drive, then right onto Cobblestone Drive. Lot is located on left at 46 Cobblestone Drive.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

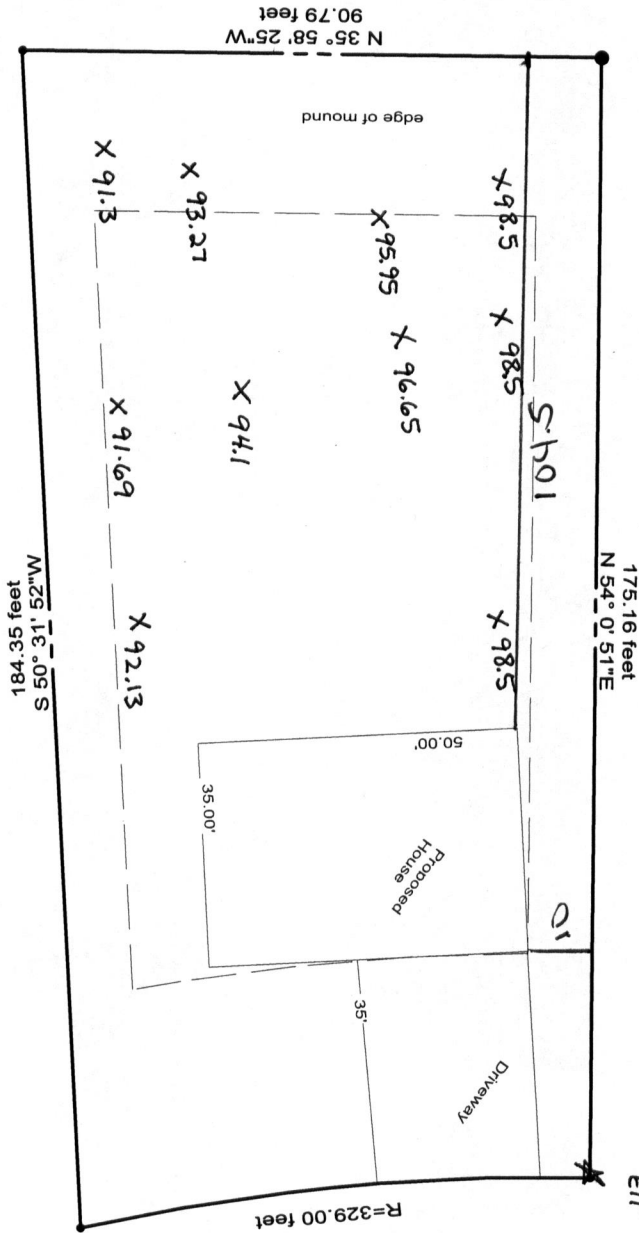
Kristina Newcomb for Hal Owen
Signature of Owner or Owner's Agent

13 October 2011
Date

*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****

****This application expires 6 months from the initial date if permits have not been issued****

Lot 30 Stone Cross
Relative Elevations



Scale 1" = 30.0ft



SITE PLAN APPROVAL

DISTRICT BA202 USE SFD

#BEDROOMS 2

Date 10-13-11

[Signature]
Zoning Administrator

NAME: Stone Cross

APPLICATION #: 1150027693

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- { } Accepted { } Innovative { } Conventional { } Any
 { } Alternative { } Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES { } NO Does the site contain any Jurisdictional Wetlands?
 { } YES { } NO Do you plan to have an irrigation system now or in the future?
 { } YES { } NO Does or will the building contain any drains? Please explain. _____
 { } YES { } NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 { } YES { } NO Is any wastewater going to be generated on the site other than domestic sewage?
 { } YES { } NO Is the site subject to approval by any other Public Agency?
 { } YES { } NO Are there any Easements or Right of Ways on this property?
 { } YES { } NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

A. Krishna Newcomb for Hal Owen
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

13 Oct 2011
DATE

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, 266 Old Coats Road

Lillington, NC 27546-0400

Phone (910) 893-8743 / Fax (910) 893-3594

www.halowensoil.com

13 October 2011

Mr. J. Bret Mangum
Anderson Creek Club
125 Whispering Pines Drive
Spring Lake, NC 28390

Reference: Septic System Design
Lot 30 Stone Cross Subdivision

Dear Mr. Mangum,

A site investigation was conducted for the above referenced property to demonstrate the ability of this lot to support a subsurface sewage waste disposal system and 100 % repair area for a two-bedroom home. A 35 X 50-foot house footprint was utilized for this investigation. A foundation drain will not be possible. This report represents my professional opinion but does not guarantee or represent permit approval for any lot by the local Health Department.

It is proposed that both the initial and repair septic systems be installed at the same time, which will allow a twenty-five percent (25%) reduction in the drainfield area required for each system. The system has been designed behind the proposed home utilizing Infiltrator "Quick4 Plus Standard LP" chambers installed in a partial mound, as allowed by NC DENR Innovative Wastewater System Approval No. IWWS-2010-1. Effluent will be pumped to a pressure-manifold and distributed to six unequal length drainlines (see attached sketch) utilizing a long term acceptance rate of 0.3 gal/day/sqft. The drainlines will need to be installed parallel to the side property line with the trench bottom of the first line approximately twelve (12) inches below the natural soil surface. Lines 2-6 will be installed in a maximum eighteen (18) to twenty (20) inch high mound with trench depths at 14 inches below finished grade. Soil material for the mound must be approved by the local Health Department. A site visit by Hal Owen & Associates is required to ensure proper mound construction prior to installation of the drainlines.

It is important that you do not disturb the septic system area. It is recommended that a staked line or protective fence be placed around the system areas prior to construction to eliminate any potential damage to the soil or the layout of the systems.

We appreciate the opportunity to provide this service and hope to be allowed to assist you again in the future. If you have any questions or need additional information, please contact us at your convenience.

Sincerely,

A handwritten signature in black ink that reads "Hal Owen". The signature is written in a cursive style with a large, stylized "H" and "O".

Hal Owen

Licensed Soil Scientist

Pressure Manifold Design Criteria

Applicant: Stone Cross LLC Phone #: 910-814-2633
 Mailing Address: 125 Whispering Pines Drive, Spring Lake NC 28390

PIN: 0514-29-6935 Permit#: _____ S/D: Stone Cross Lot#: 30
 Site Address: 46 Cobblestone Drive
 # Bedrooms: 2 Daily Flow: 240 gallons (120 gal/bedroom)
 Septic Tank: 900 gallons Pump Tank: 900 gallons
 LTAR: 0.3 gpd/sqft * Install 75% of both initial and repair systems
 Absorption Area*: 1200 sqft Linear Length' 400 ft **
 TRENCHES Length (ft): see tap chart Depth (in): varied Stone Depth (in): na
 SUPPLY LINE Length (ft): 70 Diameter: 2" sch 40 pvc
 MANIFOLD Length (ft): 4.5 Diameter: 4" sch 80 pvc Elevation: 98.5
 # Taps 6 Tap Configuration: 6in. spacing, 1 side of manifold

Tap Chart

LTAR + 5% = 0.32

Line	Color	Elevation	Length(ft)	Schedule	per tap	gpd	Area	gpd/sqft
1		98.5	79	1/2"sch 80	5.48	40.00	237	0.169
2			68	1/2"sch 80	5.48	40.00	204	0.196
3			68	1/2"sch 80	5.48	40.00	204	0.196
4			68	1/2"sch 80	5.48	40.00	204	0.196
5			68	1/2"sch 80	5.48	40.00	204	0.196
6		94.3	68	1/2"sch 80	5.48	40.00	204	0.196
	pump tank	92.13						

Total Drainline: 419 Total Flow: 32.88 Sq. Foot: 1257.00

Calculations:

Dose Volume: 205.21 gallons, with Pipe Volume at % 75
 Dose Pump Run Time (min): 6.24 Daily Pump Run Time (min): 7.30
 Drawdown: 205 gallons divided by 20 gal/ inch = 10 inches

Pump Tank Elevation (ft): 92.13 Pump Elevation (ft): 87.13
 Friction Head: 2.95 *Hazen Williams Formula (use supply line length+70' for fittings in pump tank)
 Elevation Head: 11.37 Design Head: 2 Total Head: 16.32 feet

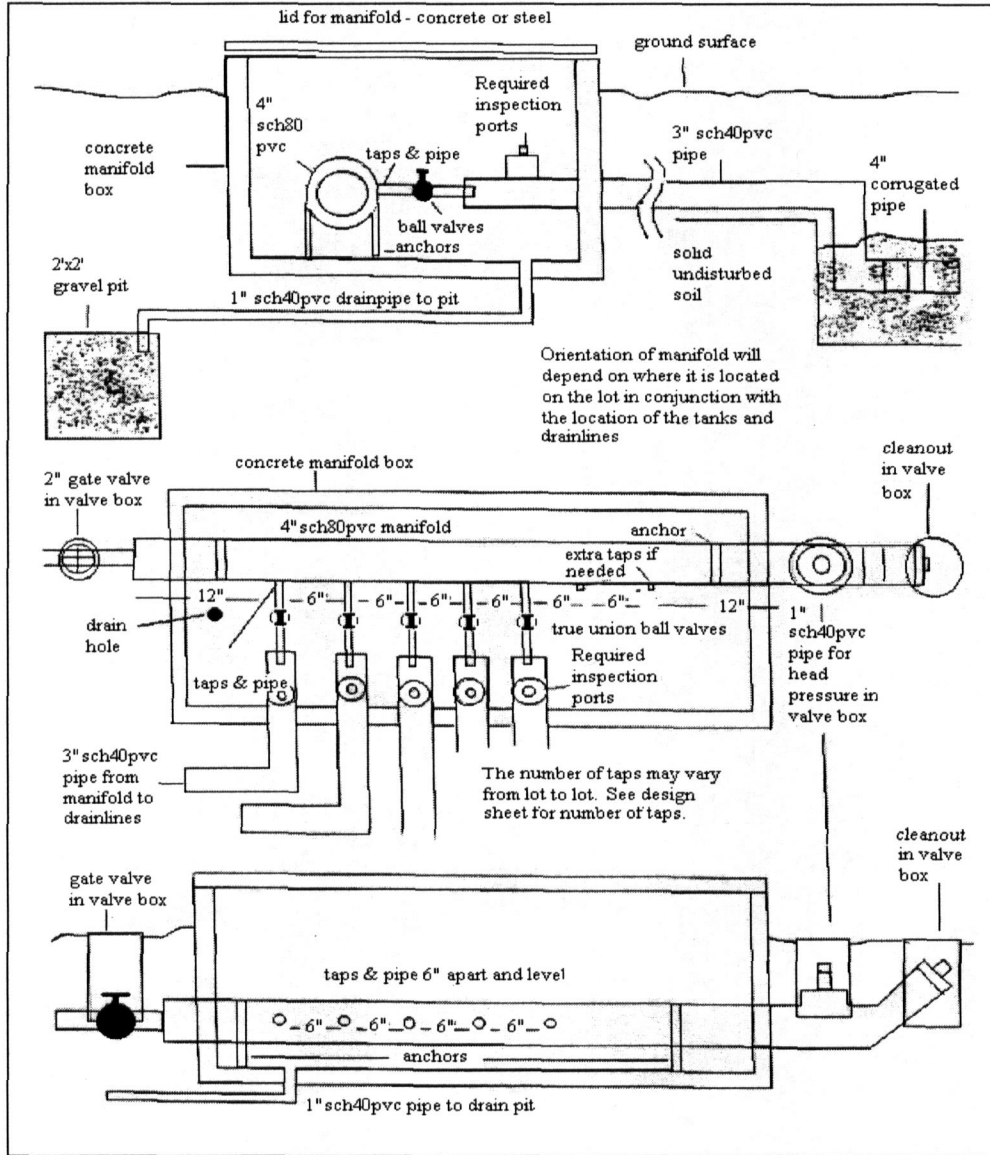
Pump to Deliver: 32.88 gpm @ 16.32 ft head

NEMA 4X Simplex Control Panel (SJE Rhombus 112 or equal) with elapsed time meter, cycle counter, audible and visible alarm, hand-off-automatic (hoa) switch, and pump on separate circuits is required. A septic filter is required. Floats to be determined by type of pump tank used.

Possible Pumps Include:

Goulds: PE Hydromatic: _____ Zoeller: _____

Pressure Manifold Requirements



MANIFOLD DIAGRAM (Initial System):

Tap#	1	2	3	4	5	6
Tap size	1/2"sch 80	1/2"sch 80	1/2"sch 80	1/2"sch 80	1/2"sch 80	1/2"sch 80
flow per tap	5.48	5.48	5.48	5.48	5.48	5.48
line(length)	L1 (79ft)	L2 (68ft)	L3 (68ft)	L4 (68ft)	L5 (68ft)	L6 (68ft)