Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

Walter to On Ton Building Company LLC	PROPERTY LOCATION: 1329 Bill Avery Road (SR 1563)
ISSUED TO: On Top Building Company LLC NEW REPAIR REPAIR EXPANSION	SUBDIVISION Devaul Dess Langdon
NEW REPAIR EXPANSION Type of Structure: 60x60 3bed/2ba	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction Sys.	
Projected Daily Flow: 360 GPD	
Number of bedrooms: 3 Number of Occupants: 6	max
Basement Yes 🗵 No	
	al location and elevations of facilities
	stance from well NA feet Permit valid for: 🗵 Five years
Permit conditions:	No expiration
12	
Com en	12/21/22
Authorized State Agent:	Date: 10/04/2020 SEE ATTACHED SITE SKETCH
	other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This nent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
Cons	truction Authorization
Ĺ	Required for Building Permit)
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .19 with the attached system layout.	957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
ISSUED TO: On Top Building Company LLC	PROPERTY LOCATION: 1329 Bill Avery Road (SR 1563)
	SUBDIVISION Devaul Dess Langdon LOT # 2
Facility Type: 60x60 3bed/2ba	w 🔲 Expansion 🔲 Repair
Basement? Yes No Basement Fixtures? Yes	□No
Type of Wastewater System** 25% NEOCT	702 STERM (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable 🔲)	
25% NEWCTION	
Installation Requirements/Conditions Number of tre	
	of each trench 90 feet Trench Spacing: 7 Feet on Center
1	be installed on contour at a Soil Cover:inches
Maximum Tren	•
,	ns shall be level to +/-1/4" 36" above the trench bottom)
in all direction	is)
Pump Requirements:ft. TDH vsGPM	inches below pipe
	Aggregate Depth: A inches above pipe
Conditions: GNAVITY TO D-BOX EQUAL	DISTRIBUTION inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AF	
**If applicable: 1 understand the system type specified is different from	To the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature:	Date:
	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 I	
Authorized State Agent:	Date: 10/07/2020 Instruction Authorization Expiration Date: 10/07/2025
ANDREW CURRIN (OT	struction Authorization Expiration Date: 10/07/2025

Harnett County Department of Public Health Site Sketch

