Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 50 Rock Ridge Place (Bill Avery Rd. - SR 1 ISSUED TO: On Top Building Company LLC SUBDIVISION James E Johnson III REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 60x60 (3bed/2ba) SFD Proposed Wastewater System Type: 25% Reduction Sys. Projected Daily Flow: 360 Number of bedrooms: 3 Number of Occupants: 6 Basement Yes May be required based on final location and elevations of facilities Pump Required: Yes No Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: X Five years No expiration Permit conditions: Authorized State Agent:: SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no-may 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, .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: On Top Building Company LLC PROPERTY LOCATION: 50 Rock Ridge Place (Bill Avery Rd. - SI SUBDIVISION James E Johnson III LOT # 4 Facility Type: 60x60 (3bed/2ba) SFD Expansion Basement? Yes × No Basement Fixtures? Yes (Initial) Wastewater Flow: 360 Type of Wastewater System** 24% REDUCTION STOTEM (See note below, if applicable) Number of trenches Installation Requirements/Conditions Trench Spacing: _____ 9_ Feet on Center Exact length of each trench _ Septic Tank Size 1000 gallons Soil Cover: __ Trenches shall be installed on contour at a Pump Tank Size _____gallons Maximum Trench Depth of: 20 (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) inches below pipe Pump Requirements: ft. TDH vs. _ M inches above pipe GRANITY TO D-BOX EGUAL DISTRIBUTION ~A 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 SEE ATTACHED SITE SKETCH 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.

Construction Authorization Expiration Date: _

Authorized State Agent:

APPREN CURREN

Harnett County Department of Public Health Site Sketch

