

HTE# 14-5-34737

Harnett County Department of Public Health

28086

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Morgan Langdon PROPERTY LOCATION: SL 1723 Turlington RD LOT # _____
 NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION _____
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% RBDUCLION
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement ☐ Yes ☒ No
 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 _____ feet
 Permit conditions: _____ Permit valid for: ☒ Five years ☐ No expiration

Authorized State Agent: Jones E. Marshall Date: 10-29-14 SEE ATTACHED SITE SKETCH
 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 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: Morgan Langdon PROPERTY LOCATION: SL 1723 Turlington RD LOT # _____
 Facility Type: SFD ☒ New ☐ Expansion ☐ Repair
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
 Type of Wastewater System** 25% RBDUCLION System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable ☐)
25% RBDUCLION (Pump) (Repair)
Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 3 or 5
 Pump Tank Size _____ gallons Exact length of each trench 100 or 60 feet
 Trenches shall be installed on contour at a Trench Spacing: 9 Feet on Center
 Maximum Trench Depth of: 22-18 inches Soil Cover: 6 inches
 (Trench bottoms shall be level to +/- 1/4" (Maximum soil cover shall not exceed 36" above the trench bottom)
 in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

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: _____ 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 a change in ownership of the site. This 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. SEE ATTACHED SITE SKETCH

Authorized State Agent: Jones E. Marshall Date: 10-29-14
 Construction Authorization Expiration Date: 10-29-19

HTE# 14-5-34737

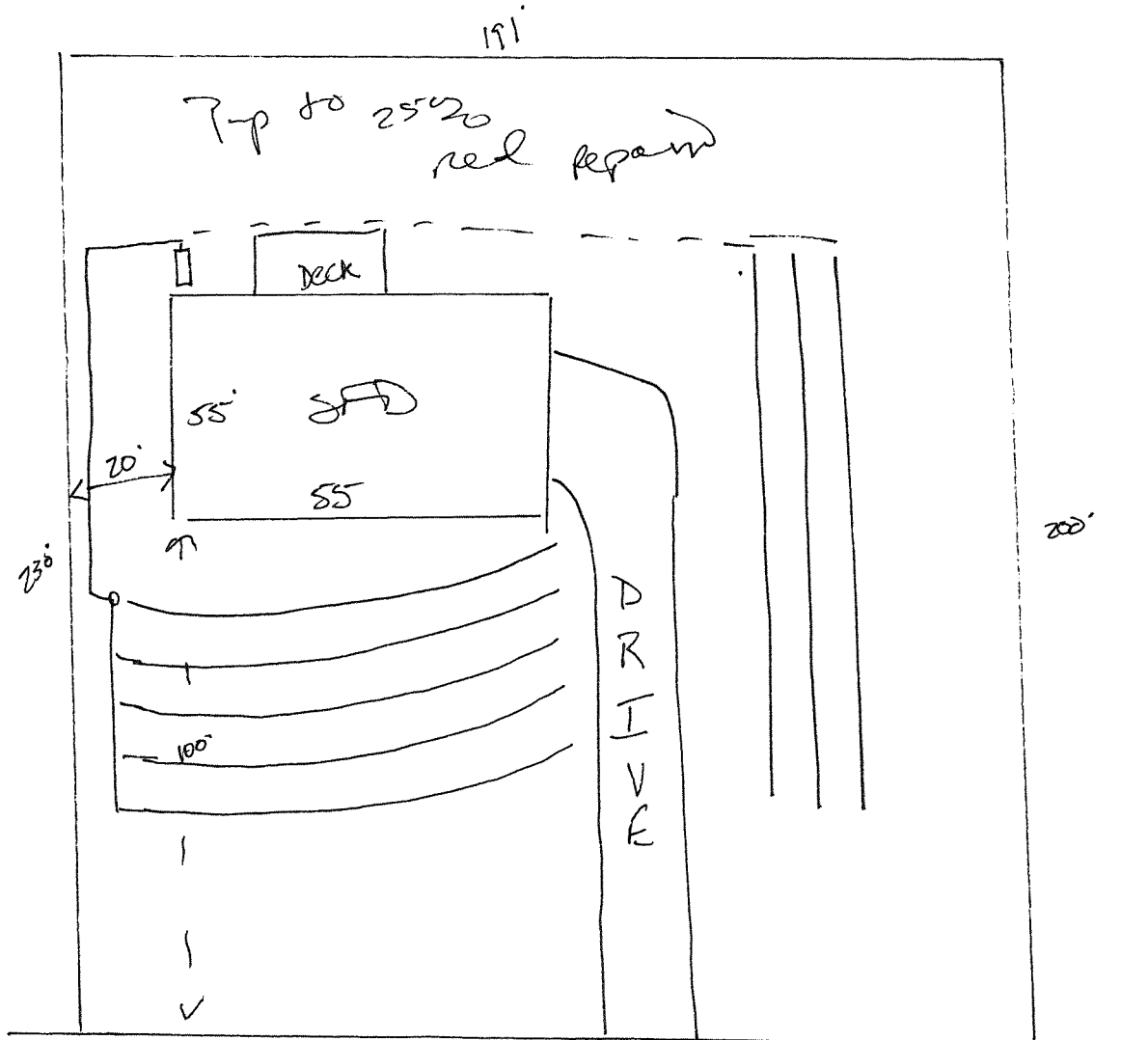
Permit # 28086

Harnett County Department of Public Health Site Sketch

ISSUED TO: Morgan Langdon PROPERTY LOCATION: SL1723 Turlington RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E. Markert III Date: 10-29-14

- * EITHER layout CAN BE USED FOR SYSTEM OR REPAIR.
- * NO WATER OR POWER IN SYSTEM OR REPAIR AREAS.



SL 1723 Turlington RD