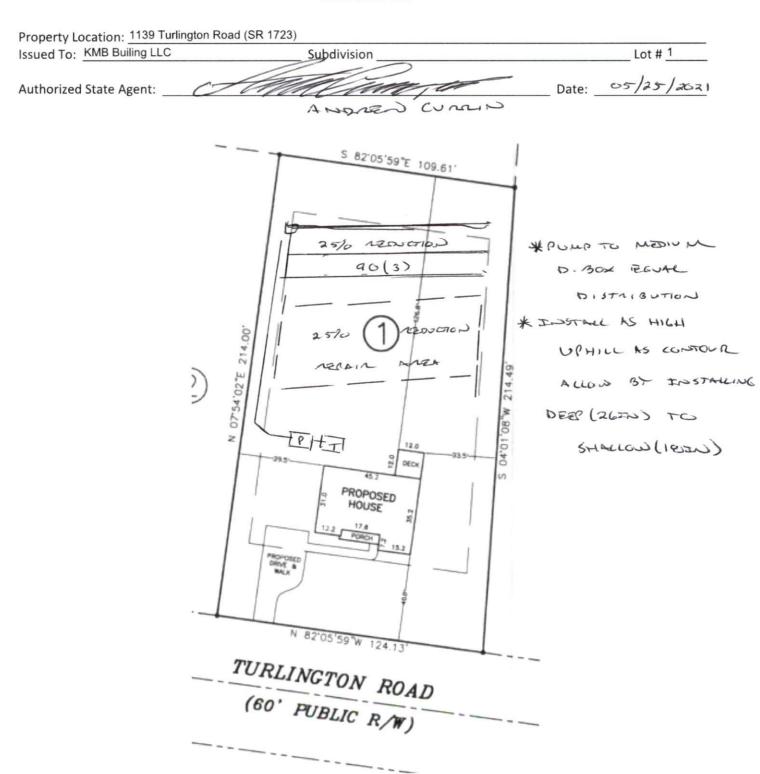
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

WMB Building LLC	PROPERTY LOCATION: 1139 TUrlington Road (SR 1/23)
ISSUED TO: KMB Building LLC	
NEW REPAIR EXPANSION Type of Structure: 45x35 sfd, 3 beds 2 baths	Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: 25% Reduction System	
Projected Daily Flow: 360 GPD	
Number of Dedrooms: 3 Number of Occupants: 6	max
Basement Yes X No	_HIGA
Pump Required: Xires No May be required based on final	ocation and elevations of facilities
	nce from well NAfeet Permit valid for: 🛛 Five years
Permit conditions:	No expiration
	,
Authorized State Agent::	Date: OS/25/2021 SEE ATTACHED SITE SKETCH
	er permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This
site is subject to revocation of the site plan, plat, or the intended use changes. The Improvemen the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of
the cars and notes for serage treatment and orsposal and to conditions of this period.	
Const	ustion Authorization
Consti	ruction Authorization
	quired for Building Permit)
	, 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: KMB Building LLC	PROPERTY LOCATION: 1139 Turlington Road (SR 1723)
	SUBDIVISION LOT # 1
Facility Type: 45x35 sfd, 3 beds 2 baths New	Expansion Repair
Basement? Yes No Basement Fixtures? Yes	□ No
Type of Wastewater System** Pump to 25% Reduction	
	(IIIIIIai) Wastewater Flow. 300
(See note below, if applicable □) Pump to 25% Reduction	on Svs /Passis
Installation Requirements/Conditions Number of tren	
	each trench 90 feet Trench Spacing: 9 Feet on Center
,	e installed on contour at a Soil Cover: 14->6 inches
	Depth of: 26->18 inches (Maximum soil cover shall not exceed
	shall be level to +/-1/4" 36" above the trench bottom)
in all directions	
Pump Requirements:ft. TDH vsGPM	NA inches below pipe
	Aggregate Depth: NA inches above pipe
Conditions: Pump to Medium D-Box Equal Distri	bution NA inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NY PART OF SEPTIC SYSTEM OR REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARE	
NO OTICITICS ACCORD IN INITIAL OR RETAIN DRAIN TIELD ARE	м.
**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.	
	50 50 50 A
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:	Date: 05/25/2021
	truction Authorization Expiration Date: $05/25/2021$
AMPRES CURRIN LONS	detion retrotteation Expiration bate.

Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.