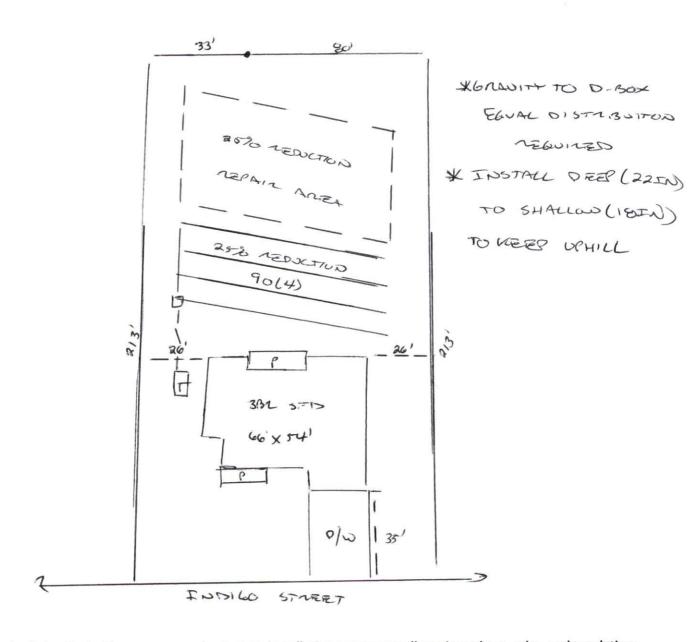
## Harnett County Department of Public Health

Improvement Permit

y building permit cannot	PROPERTY LOCATION: 169 I	NO160 57 (N	ZILLS CAR ROS)		
ISSUED TO: WATERMARK HOMES DOC.	SUBDIVISION SOUTH	creak	101 # 60		
NEW   REPAIR   EXPANSION    EXPANSION    Output  The state of the sta	Site Improvements required prior to Construction Authorization Issuance:				
Type of Structure: 45 300 2001 66'x54' 500					
Proposed Wastewater System Type: 25% NEOCCTION STS.					
Projected Daily Flow: 480 366 CTC SPD					
-2-: E	max				
Basement Yes No					
Pump Required: Yes No May be required based on final lo	cation and elevations of facilities		-		
Type of Water Supply: Community Public Well Distance	e from well NA feet	Permit valid for:	Eive years		
Permit conditions:			■ No expiration		
Authorized State Agents:	Date: 04/05/2	COSI SEE AT	TACHED SITE SKETCH		
Authorized State Agent::  The issuance of this permit by the Health Department in no way guarantees the issuance of other					
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement I the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.	Permit shall not be affected by a change in own	ership of the site. This permit is subject t	o compliance with the provisions of		
Constitu	estion Authorization		¥.		
	action Authorization				
The state of the s	uired for Building Permit)				
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, with the attached system layout.					
ISSUED TO: WATERWARK HOMES TOO.	PROPERTY LOCATION: 169	INDIGO ST. L	walls ene nos		
10000 101	SUBDIVISION SOUTH	Criefell	LOT # 600		
Facility Type: 4 B 66'x 5-4' 500 New	Expansion Repair				
Basement? Yes No Basement Fixtures? Yes	□ No				
	ION SISTEM	(Initial) Wastewater Flow:	GPD GPD		
(See note below, if applicable )					
25% NENCTION ST	STIEM (Repair)				
Installation Requirements/Conditions Number of trench					
Septic Tank Size 1000 gallons Exact length of e		Trench Spacing:	Feet on Center		
	installed on contour at a	Soil Cover: 10-6			
	Depth of: 22 - 18 inches	(Maximum soil cover shall			
	shall be level to +/-1/4"	36" above the trench bo			
	SUMIL DE LEAGL TO +1-114	30 above the trench bo	ittomij		
in all directions)		Δ	instantial televisian		
Pump Requirements:ft. TDH vsGPM			inches below pipe		
er Comment	_	Aggregate Depth:	inches above pipe		
Conditions:			inches total		
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM AI	NY PART OF SEPTIC SYSTEM OR	REPAIR AREA.			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA					
**If applicable: / understand the system type specified is different from t	the type specified on the application	n. I accept the specifications of	f this permit.		
Owner/Legal Representative Signature:		Date:			
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use of	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 S	ewage Treatment and Disposal and to the condi	tions of this permit. SEI	E ATTACHED SITE SKETCH		
		COHIOS-1202	1		
Marine Men.	Date:	04/05-/202) Date: 04/05-/2	2020		
ANDREW CURIN CONSTI	CUCTION AUTHORITATION EVOLUTION				

## Harnett County Department of Public Health Site Sketch

Property Lo	ocation: 169	INDIGO STA	EET (NEILL	s creter no -s	1573)	
		HOMES INC.	Subdivision	SOUTH CREE	en	Lot # <u>60</u>
Authorized	State Agent:				Date:	04/.05/2021



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