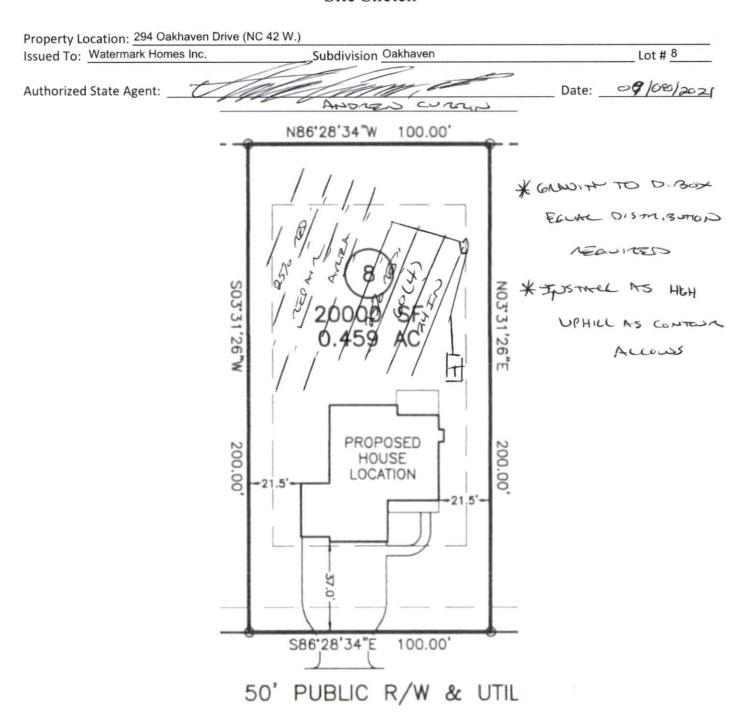
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: 294 Oakhaven Drive (NC 42 W.)

ISSUED TO: Watermark Homes Inc.	SUBDIVISION Oakhaven	AVOIT DITTO (TTO TE T	LOT # 8
NEW REPAIR EXPANSION EXPANSION		uired prior to Construction Authoriza	
Type of Structure: 3-Bedroom 59.2x62 SFD			
Proposed Wastewater System Type: 25% Reduction S	/S.		
Projected Daily Flow: 360 GPD			
Number of bedrooms: 3 Number of Occupants: 6	max		
Basement Yes X No			
	on final location and elevations of facilities		_
Type of Water Supply: Community Public Wel	Distance from well NA feet	Permit valid for:	▼ Five years
Permit conditions:			■ No expiration
	7		
4	Date: 08/09/	2021	THEN CITE CHETCH
Authorized State Agent:: The issuance of this permit by the Health Department in no way guarantees the issu		100000000000000000000000000000000000000	CHED SITE SKETCH
site is subject to revocation if the site plan, plat, or the intended use changes. The			
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this pe	mit.		
	Construction Authorization		
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955,		into this permit and shall be met. Systems s	hall be installed in accordance
with the attached system layout.			
ISSUED TO: Watermark Homes Inc.	DEODERTY LOCATION 204 C	Oakhayan Driva (NC	42 \\\\\
ISSUED TO: Watermark Florines Inc.		Dakhaven Drive (NC	LOT # 8
1 3 Podroom 50 3v63 SED E	SUBDIVISION Oakhaven		LUI # O
7 71	New Expansion Repair		
Basement? Yes No Basement Fixtures?			
	DICTION STSTEM	(Initial) Wastewater Flow: 3	GPD GPD
(See note below, if applicable)	10 marin		
	(Repair)		
	of trenches	C	
	ength of each trenchfeet	Trench Spacing:	Feet on Center
0	s shall be installed on contour at a	Soil Cover:in	
	m Trench Depth of: 24 inches	(Maximum soil cover shall no	
(Trench	bottoms shall be level to +/-1/4"	36" above the trench botton	m)
in all o	lirections)		
Pump Requirements:ft. TDH vsGPM		MA	inches below pipe
		Aggregate Depth:	inches above pipe
Conditions: GRAVITT TO D-BOX	EQUITE DISTRIBUTION LE	GUITED 1	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT.	FROM ANY PART OF SEPTIC SYSTEM OR R	FPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FI		ET FINE FINER.	
**If applicable: I understand the system type specified is differ	ent from the type specified on the application.	I accept the specifications of th	ois permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the	ntended use changes. The Construction Authorization shall not b	Tours or	
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.			
Authorized State Agent: Date: 08/09/2021			
ANDREW CORRES NEW	Construction Authorization Expiration Da	ate: 08/09/2026	
COILLIP , WIT			

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.