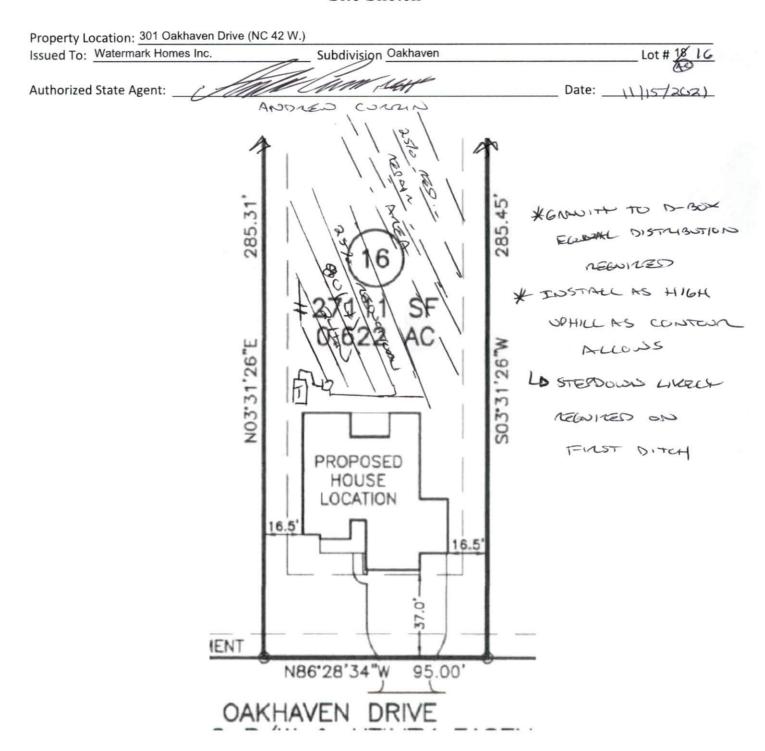
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit
PROPERTY LOCATION: 301 Oakhaven Drive (NC 42 W.)

ISSUED TO: Watermark Homes Inc.	SUBDIVISION Oakhaven	LOT # 18 16
NEW REPAIR EXPANSION ■		quired prior to Construction Authorization Issuance:
Type of Structure: 4-Bedroom 62x66 SFD		
Proposed Wastewater System Type: 25% Reduction Sys		
Projected Daily Flow: 480 GPD		-
Number of bedrooms: 4 Number of Occupants: 8	max	
Basement Yes No		
	final location and elevations of facilities	
Type of Water Supply: Community Public Well	Distance from well NA feet	Permit valid for:
Permit conditions:		No expiration
Authorized State Agent::	Date: 11)15/262	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance		
site is subject to revocation if the site plan, plat, or the intended use changes. The Imp	ovement Permit shall not be affected by a change in own	
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.		
<u>Co</u>	nstruction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .195		into this permit and shall be met. Systems shall be installed in accordance
with the attached system layout.		
ISSUED TO: Watermark Homes Inc.	PROPERTY LOCATION: 301 (Dakhaven Drive (NC 42 W.)
1330ED 10. Tratermark Florings me.	subdivision Oakhaven	
Facility Type: 4-Bedroom 62x66 SFD		LOT # 18 16
Basement? Yes No Basement Fixtures?		
Type of Wastewater System** 25% 1800		(Initial) Wastewater Flow: 480 GPD
and the same of th		(IIIItial) Wastewater Flow. 400
(See note below, if applicable)	\$ 555 (Baraia)	
	trenches 4 (Repair)	
	-	Trench Spacing: Feet on Center
,		
	hall be installed on contour at a	Soil Cover: /a inches
	Trench Depth of: 24inches	(Maximum soil cover shall not exceed
1	ttoms shall be level to +/-1/4"	36" above the trench bottom)
in all dire	ctions)	
Pump Requirements:ft. TDH vsGPM		inches below pipe
		Aggregate Depth: inches above pipe
Conditions: GNAVITY TO D-BOX EGIM	- DISTRIBUTION NEGUIT	inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FR	OM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD		
**If applicable:	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: Date: Date: Date:		
ANDRES COMIN	Construction Authorization Expiration I	Date: 11/15/2026

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.