## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 86 Buckhaven Dr. (NC 42)

| NA CONTRACTOR OF THE CONTRACTO | PROPERTY LOCATION: OO BUCKHAVEH Dr. (INC 42)   |
|--|--|
| ISSUED TO: Watermark Homes Inc.  | SUBDIVISION Oakhaven LOT # 23  |
| NEW REPAIR EXPANSION Type of Structure: 62x66 sfd, 4 beds  | Site Improvements required prior to Construction Authorization Issuance:   |
| Proposed Wastewater System Type: 25% Reduction Sys.  |  |
| Projected Daily Flow: 480 GPD  |  |
|  |  |
| Number of bedrooms: 4Number of Occupants: 8  | max  |
| Basement Yes X No  | 11 5 11 2 11 82  |
|  | al location and elevations of facilities   |
| Type of Water Supply: Community Public Well Di   | stance from well NAfeet Permit valid for: 🔀 Five years No expiration   |
|  |  |
|  |  |
|  | Date: O1/03/2622 SEE ATTACHED SITE SKETCH other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This nent Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of |
| Con  | truction Authorization   |
|  | Required for Building Permit)  |
| The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, . with the attached system layout.  | 957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance   |
| ISSUED TO: Watermark Homes Inc.  | PROPERTY LOCATION: 86 Buckhaven Dr. (NC 42)  |
|  | SUBDIVISION Oakhaven Lot # 23  |
| Facility Type: 62x66 sfd, 4 beds   |  |
| , ,,   |  |
| Basement? Yes No Basement Fixtures? Yes  | □ No   |
| Type of Wastewater System** 25% EOUCHOR  | (Initial) Wastewater Flow: 480 GPD   |
| (See note below, if applicable )   |  |
| 25/0/50% rED- PP   | 505 573. (Repair)  |
|  | enches 4   |
|  | of each trench 80 feet Trench Spacing: 9 Feet on Center  |
| 1.5  | be installed on contour at a Soil Cover:   |
|  |  |
|  | nch Depth of: 20 inches (Maximum soil cover shall not exceed   |
| (Trench botto  | ns shall be level to +/-1/4" 36" above the trench bottom)  |
| in all direction   | ns)  |
| Pump Requirements:ft. TDH vsGPM  | inches below pipe  |
|  | Aggregate Depth: PA inches above pipe  |
| Conditions: PUMP TO MESTICA D-BOX  | ELINE DISTAIR UTTON ECUTED NA inches total   |
| conditions. To act to prince to the conditions.  | LINC BISTAIN STON EWIED NA Inches total  |
| WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM<br>NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD A   |  |
| **If applicable: I understand the system type specified is different from  | m the type specified on the application. I accept the specifications of this permit.   |
| Owner/Legal Representative Signature:  | Date:  |
|  | 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: 01/03/2023   |
| MULIIVITZEU STATE MEETIL.  | Dale.  |
| AND TEN CORREN (0  | nstruction Authorization Expiration Date: 61/03/2027   |

## Harnett County Department of Public Health Site Sketch

