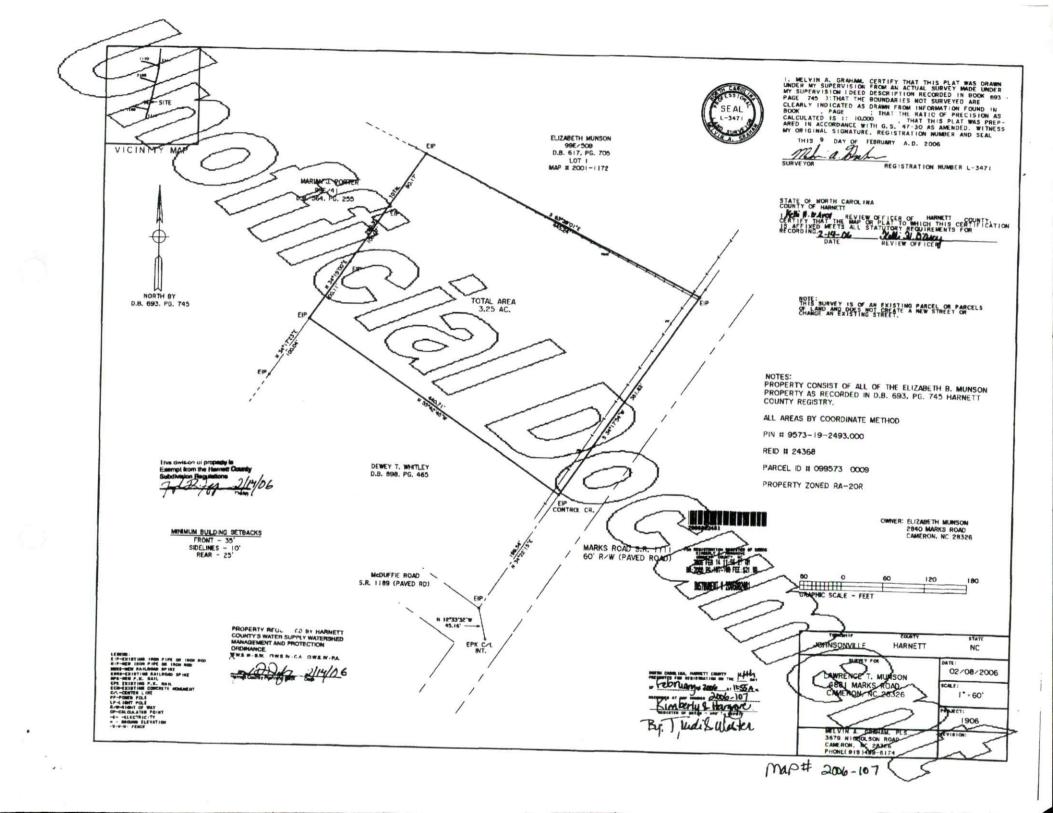
submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false

11- 6-01

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

SITE PLAN APPROVAL DISTRICT RAZOR USE ON MOD #BEDROOMS\_3 1006 11-06.06 FIP. C/0 N 34°17'23°E N 34°15'00"E 290,35 TOTAL % 100.11 6/8 90.17 Ch 2 Storage 140' 130 Proposed 40129 on mod M.SP,25,955 N STO 348. Divensor COMTROL CR. 5 34°17'54°W 351.83



APPLICATION #: 04 50014112

## \*This application to be filled out only when applying for a new septic system.\* County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

\	EVELOPMENT INFORMATION
Ø	New single family residence
	Expansion of existing system
	Repair to malfunctioning sewage disposal system
	Non-residential type of structure
WA	ATER SUPPLY
	New well
B	Existing well
	Community well
	Public water
	Spring
Are	there any existing wells, springs, or existing waterlines on this property?
1	} yes {} no {} unknown
	TIC
II aj	pplying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	Accepted {_} Innovative
	Alternative {} Other
~	Conventional {_} Any
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.	
{_}}	YES NO Does The Site Contain Any Jurisdictional Wetlands?
{_}}	YES NO Does The Site Contain Any Existing Wastewater Systems?
{_}}	YES NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
-	YES \{\rightarrow\} NO Is The Site Subject To Approval By Any Other Public Agency?
{_}}	YES { } NO Are There Any Easements Or Right Of Ways On This Property?
I Hav	e Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State	Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Und	terstand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So That A Complete Site Evaluation Can Be Performed.	
	PERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE
PRO	PERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE

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