

HTE# 15-5-3660

## Harris County Department of Public Health

28524

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: DEBORAH McALILEY PROPERTY LOCATION: PAGE RD  
NEW ☒ REPAIR ☐ EXPANSION ☐ SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Type of Structure: MUD (31'x72') Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_  
Proposed Wastewater System Type: 25% REDUCTION SYSTEM  
Projected Daily Flow: 360 GPD  
Number of bedrooms: 3 Number of Occupants: 6 max  
Basement ☐ Yes ☒ No  
Pump Required: ☐ Yes ☒ No ☐ May be required based on final location and elevations of facilities  
Type of Water Supply: ☐ Community ☐ Public ☒ Well Distance from well 100 feet Permit valid for: ☒ Five years  
Permit conditions: \_\_\_\_\_ ☐ No expiration

Authorized State Agent: [Signature] Date: 8/28/15 SEE ATTACHED SITE SKETCH  
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: DEBORAH McALILEY PROPERTY LOCATION: PAGE RD  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
Facility Type: MUD (31'x72') ☒ New ☐ Expansion ☐ Repair  
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No  
Type of Wastewater System\*\* 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD  
(See note below, if applicable ☐) 25% REDUCTION (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons  
Pump Tank Size \_\_\_\_\_ gallons

Number of trenches 2Exact length of each trench 90 feetTrenches shall be installed on contour at a  
Maximum Trench Depth of: 18-24 inches(Trench bottoms shall be level to  $\pm 1/4"$   
in all directions)Trench Spacing: 9 Feet on CenterSoil Cover: 6-12 inches(Maximum soil cover shall not exceed  
36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM

Aggregate Depth: \_\_\_\_\_ inches below pipe

\_\_\_\_\_ inches above pipe

Conditions: \_\_\_\_\_ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.**  
**NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

*\*\*If applicable: I understand the system type specified is different 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: [Signature] Date: 8/28/15  
Construction Authorization Expiration Date: 8/28/20

HTE# 15-5-36868

Permit # 28524

## Harnett County Department of Public Health Site Sketch

ISSUED TO: DEBORAH MALEY PROPERTY LOCATION: PAGE RD  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: ~~REHS (OLIVER TOLSON)~~ Date: 8/28/15

EXISTING  
3 FD

