

HTE# 095-21832

Harris County Department of Public Health

25144

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Michael C Reeves PROPERTY LOCATION: Hwy 210
 NEW REPAIR EXPANSION SUBDIVISION Stockton LOT # 22
 Type of Structure: Ex SFD with Deck Addition Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: Conventional
 Projected Daily Flow: 30 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 _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration
Contractor to contact Health Dept prior to install.

Authorized State Agent: James E. Manhattaners Date: 4-30-09 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: Michael C Reeves PROPERTY LOCATION: Hwy 210
 SUBDIVISION Stockton LOT # 22
 Facility Type: Ex SFD with Deck Add New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** Conventional (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable
Pump to Pressure Manifold (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>Existing</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>70</u> feet	Soil Cover: <u>6</u> inches
	Trenches shall be installed on contour at a	(Maximum soil cover shall not exceed
	Maximum Trench Depth of: <u>27" not</u> inches	36" above the trench bottom)
	(Trench bottoms shall be level to +/-1/4"	
	in all directions)	
Pump Requirements: _____ ft. TDH vs. _____ GPM		<u>6</u> inches below pipe
		Aggregate Depth: <u>2</u> inches above pipe
Conditions: <u>SEE LAYOUT DIAGRAM</u>		<u>12</u> inches total

**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: James E. Manhattaners Date: 4-30-09
 Construction Authorization Expiration Date: 4-30-14

HTE# 09-5-21832

Permit # 25144

Harnett County Department of Public Health Site Sketch

ISSUED TO: Michael C Leaves PROPERTY LOCATION: Hwy 210
SUBDIVISION Stockton LOT # 22

Authorized State Agent: James E Manhart RLS Date: 4-30-09

STREET.

*Contractor to contact Health Dept Before install.

AS DESCRIBED IN Report.

