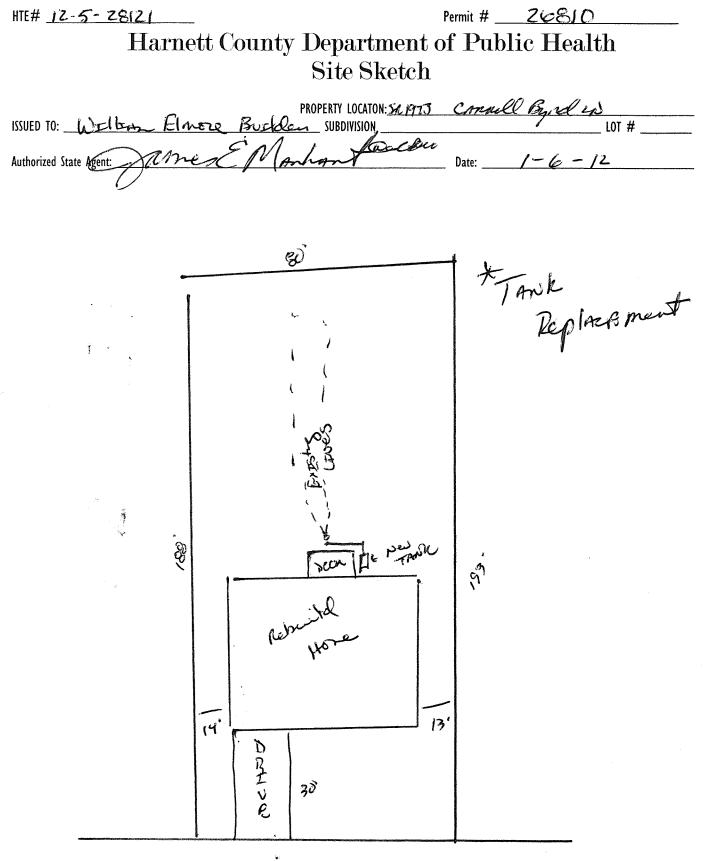
HTE# 12-5-28(2) Harne	ett County Department o	of Public Health	
Improvement Permit			26810
۵.۲	building permit cannot be issued with only an l		
	PROPERTY LOCATION:	CArroll Byrd	LD
ISSUED TO: WILLEAM Elmore Build	Cens (LC SUBDIVISION		LOT # 6
NEW 🗆 REPAIR 🗆 EXPANSION	□ Site Impre	ovements required prior to Constructio	n Authorization Issuance:
Type of Structure: <u>Replace SPIS</u>			MM-MA and a second s
Proposed Wastewater System Type: Projected Daily Flow: GPD &			
Number of bedrooms: 3 Number of Occupa	nts: <b>6</b> max		
Basement 🗆 Yes 🗹 No			
	ed based on final location and elevations of fac	cilities	
	Well Distance from well		for: Z Five years D No expiration
è	1.5.1.845	- ( - 17	· · · · · · · · · · · · · · · · · · ·
Authorized State Agent: mesc/ Manha			SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant site is subject to revocation if the site plan, plat, or the intended use cha the Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improvement Permit shall not be affected by a		
The construction and installation requirements of Rules .1950, .1952, .195	Construction Authoriza (Required for Building Permit (4, .1955, .1956, .1957, .1958, and .1959 are incorporated	) )	et. Systems shall be installed in accordance
with the attached system layout.		<b>1</b>	
ISSUED TO: WELLETT El More Bus	Edders LLC PROPERTY LOCATION	: <u>CAnnel</u>	Burd
Facility Type: <u>Rep (Age Sort)</u>	New Expansion		LOI # <u>(</u>
Basement? Ves No Basement Fixtu		🗌 Repair	
	2202 Terra Cotta	(Initial) Wastewate	r Flow: 360 GPD
(See note below, if applicable $\square$ )		(initial) Wastewate	
we note below, in appreciable is	& Terricopperation	204 Marinew	
Installation Requirements/Conditions	Number of trenches En		
Septic Tank Size 1000 Negations	Exact length of each trench <u>Gr</u>	feet Trench Spacing: 🗾 🦉	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at		
0	Maximum Trench Depth of:		r shall not exceed
	(Trench bottoms shall be level to +/-1/4'	" 36" above the tre	nch bottom)
	in all directions)		
Pump Requirements:ft. TDH vs	_ GPM		<u> </u>
		Aggregate Depth:	G inches above pipe
Conditions:			<u>Gy</u> 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: / 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.			
Authorized State Agent: Jones & Martine Roma Date: 1-6-12 Construction Authorization Expiration Date: 1-6-617			



SA1973 CANACLI Byrd IN