

HTE# 06-50015613

Hamilton County Department of Public Health

23203

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: HeH Constructors

PROPERTY LOCATION: 1125

SUBDIVISION Woodshire

LOT # 144

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: Home (42x53) 3BR

Proposed Wastewater System Type: Pump to 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 _____ feet

Permit valid for: Five years

Permit conditions: Meet onsite for Final Layout -

No expiration

STUB OUT Plumbing shallow, At Ground level or higher & Pump may not be required

Authorized State Agent: J. W. R.

Date: 09-01-06

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: H9H Const.

PROPERTY LOCATION: 1125

SUBDIVISION Woodshire

LOT # 144

Facility Type: Home New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Pump to 25% Red. STS (Initial)

Wastewater Flow: 360 GPD

(See note below, if applicable)

LRP

(Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Exact length of each trench 50 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size 1000 gallons

Trenches shall be installed on contour at a

Soil Cover: 6 inches

NOT KNOWN UNTIL REPAIR PLUMBING IS STUBBED OUT.

Maximum Trench Depth of: 18.24 inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to +1/4"

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

_____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: Meet onsite.

_____ 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.

Authorized State Agent: J. W. R.

Date: 09-1-06

SEE ATTACHED SITE SKETCH

Construction Authorization Expiration Date: 9-1-2011

