

HTE# 07-5-16614

Harrison County Department of Public Health **24070**

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: JAMES HARRELSON PROPERTY LOCATION: KIPLING RD
 NEW REPAIR EXPANSION SUBDIVISION NF CAIN LOT # _____
 Type of Structure: SFD (36'x50') Site Improvements required prior to Construction Authorization Issuance: REMAINING DRAINFIELD AREA TO BE CLEARED.
 Proposed Wastewater System Type: PUMP TO CONVENTIONAL SYSTEM MAY BE CHANGED TO ACCEPTED SYSTEM.
 Projected Daily Flow: 240 GPD
 Number of bedrooms: 2 Number of Occupants: 4 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: 6/22/07 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: JAMES HARRELSON PROPERTY LOCATION: KIPLING RD
 SUBDIVISION NF CAIN LOT # _____
 Facility Type: SFD (36'x50') New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** PUMP TO CONVENTIONAL (Initial) Wastewater Flow: 240 GPD
 (See note below, if applicable)
PUMP TO ACCEPTED (Repair)

Installation Requirements/Conditions

4 TRENCHES
 Septic Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size 1000 gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ Aggregate Depth: 2 inches above pipe
 _____ Aggregate Depth: 12 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: [Signature] Date: 6/22/07
 Construction Authorization Expiration Date: 6/22/12

