

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: MAIDA Const. Co. PROPERTY LOCATION: 1139
 SUBDIVISION Tingen Place LOT # 69
 NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:
 Type of Structure: SFD-62x43 3
 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 _____ feet Permit valid for: Five years
 Permit conditions: Meet onsite STAB out plumbing shallow at ground level No expiration
or higher where shown maintain all set backs - keep clean lines
10' from power poles & power lines

Authorized State Agent: J. W. [Signature] Date: 02-01-07 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: MAIDA Const. Co. PROPERTY LOCATION: 1139
 SUBDIVISION Tingen Place LOT # 69
 Facility Type: SFD-62x43 3 New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction sy (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) 240 LF & LPP (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons Exact length of each trench 1x150 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ 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
 (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: _____ 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. [Signature] Date: 02-01-07 SEE ATTACHED SITE SKETCH
 Construction Authorization Expiration Date: 02-01-2012

