

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Carroll Land PROPERTY LOCATION: 1125
 NEW REPAIR EXPANSION SUBDIVISION: Forest Oaks LOT # 112
 Type of Structure: SFD - 48x48 4BR Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% Reduction System Channel to 26x40 - 3BR
 Projected Daily Flow: 360 GPD on 05-26-08
 Number of bedrooms: 4 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 50 feet Permit valid for: Five years
 Permit conditions: Meet on site for final layout maintain all set back No expiration
STUB out plumbing shallow, at ground level or higher where shown
05-26-08 - Rev 1

Authorized State Agent: [Signature] Date: 04-28-08 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: Carroll Land PROPERTY LOCATION: 1125
 Facility Type: SFD 26x40 3 SUBDIVISION: Forest Oaks LOT # 112
48x48 - 4BR New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) 25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>1000</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>180</u> feet	
	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches
	Maximum Trench Depth of: <u>18.24</u> 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: _____ inches below pipe
Conditions: _____		_____ inches above pipe
		_____ 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: 04-28-08 05-26-08
 Construction Authorization Expiration Date: 04-28-2013 05-26-2013

