HTE# 09-500-21473 Harr	nett County Department of Pub	lic Health 25235
Improvement Permit		
A building permit cannot be issued with only an Improvement Permit		
PROPERTY LOCATION: 1139		
		LOT # 18
NEW \square REPAIR \square EXPANSION Type of Structure: $\underline{SFD} - 3\underline{S} \times \underline{C} - 3\underline{S}$	Site Improvements rescaled a state of the second state of the se	quired prior to Construction Authorization Issuance:
	7. Reduction sys.	
Projected Daily Flow: 360 GPD	<u></u>	
Number of bedrooms: Number of Occu	pants: <u>6</u> max	
Basement Yes A No	· · · · · · · · · · · · · · · · · · ·	
Pump Required: Yes No May be required No Pumpicy Public	irred 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: Mact ONLITE For Final Layout STUB out Plumbing Shallow No expiration At ground level or higher Where Shown and if 18t-24" Dith Opthy Can be maintained		
At ground level or higher	- Where Shown And if 18t.	24" Dith Dorth Can be maintained
Then inter tripy Not De 10	equiked InAintain All set	BACKI KeepdrainLines 15 from Top 1
Authorized State Agent:	a) Date: 01-30-09	7 SEE ATTACHED SITE SKETCH O La Co.
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 owner	ecking with appropriate governing bodies in meeting their requirements. This ership of the site. This permit is subject to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	is of this permit	and a me area and permit a subject to compliance with the provisions of
	Construction Authorization	
The second s	(Required for Building Permit)	
ine construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references	into this permit and shall be met. Systems shall be installed in accordance
more I laster Dec		
ISSUED TO: WEAVES Dev.	PROPERTY LOCATION: SUBDIVISION	7
Facility Type: <u>SFN-35x63-3BR</u>		<u> 2.252</u> LOT # <u>18</u>
Basement? \Box Yes Δ No Δ Basement Fix	Lures? Ves Ves Ko	Ū.
Type of Wastewater System**		
(See note below, if applicable 2)		(Initial) Wastewater Flow: <u>36</u> GPD
unn Ts	257. Reduction Syl (Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size 1000 gallons	Exact length of each trench feet	Trench Spacing: Feet on Center
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a	Soil Cover:G inches
Z Needed H	Maximum Trench Depth of: 1824 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
Conditions:		Aggregate Depth: inches above pipe
		inches total
**If applicable: / understand the system type specified	is different from the type specified on the application.	I accept the specifications of this permit
	and the approximation of the approximation.	
Owner/Legal Representative Signature:		Date:
mis construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Construction Authorization shall not be	e transferred when there is a change in ownership of the site. This
onstruction Authorization is subject to compliance with the provisions of	the Laws and Rules for Sewage Treatment and Disposal and to the conditio	ons of this permit. SEE ATTACHED SITE SKETCH
h_{1}		
Authorized State Agent: Date: Date: Date:		
Authorized State Agent: <u>4</u> <u>Construction Authorization Expiration Date:</u> <u>01-30-09</u> <u>Construction Authorization Expiration Date:</u> <u>01-30-2019</u>		

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