HTE# <u>09-5-21751</u> Har	mett County Departmer		lic Health	25256
	Improvement P			
	A building permit cannot be issued with on	ly an Improvemen	Micro Tower Ro	1
ISSUED TO: Stane.   Buildars In	SUBDIVISION Pa	Har I.	1	LOT # /80
			quired prior to Construction Author	
NEW D REPAIR C EXPANSION Type of Structure: SFO 60 X46 Proposed Wartowater Switch Type: 257, Red		. improvements re	quired prior to construction Author	nzation issuance.
Thoused masterialer system type. No 70 10 100	uction System			
Projected Daily Flow: GPD	, —			
Number of bedrooms: Number of Occ	cupants: <u> </u>			
Basement □Yes □No Pump Required: □Yes □No □ May be re				· · · · · · · · · · · · · · · · · · ·
Pump Required: Yes Ho May be re Type of Water Supply: Community Public	quired based on final location and elevations	of facilities	Denmit welled from	5
Permit conditions:			Permit valid for:	Five years
	· · · · · · · · · · · · · · · · · · ·	.1.1		
Authorized State Agent: puper 12	<u> </u>	1/3/2009	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua site is subject to revocation if the site plan, plat, or the intended us the Laws and Rules for Sewage Treatment and Disposal and to condit	ie changes. The Improvement Permit shall not be affected	r is responsible for ch d by a change in own	ecking with appropriate governing bodies in ership of the site. This permit is subject to	n meeting their requirements. This compliance with the provisions of
	<b>Construction</b> Autho	rization		
	(Required for Building F			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958. and .1959 are inco	rporated by references	into this permit and shall be met. Systems	shall be installed in accordance
ISSUED TO: Stancil Builder	FAC PROPERTY LOC	ATION S.P.	141 Mich Trave	-RI
		Pettone	141 Micro Towe	101 # 180
Facility Type:FD	New 🛛 Expansion	Repair	10.00	
Basement? Ves No Basement F				
			(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable )		pair)	(	<u> </u>
Installation Requirements/Conditions	Number of trenches	r)		
Septic Tank Size /000 gallons	Exact length of each trench5	o feet	Trench Spacing:7	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contou			inches
	Maximum Trench Depth of: $24-3$	<u>20</u> inches	(Maximum soil cover shall r	
	(Trench bottoms shall be level to +)	/-1/4"	36" above the trench bott	
	in all directions)			,
Pump Requirements:ft. TDH vs	GPM		<u></u>	inches below pipe
$M \cdot 1 = 1 \cdot 1$			Aggregate Depth:	inches above pipe
Conditions: Maintain all retbe	ech			inches total
**If applicable: I understand the system type specific	ed is different from the type specified on	the application.	I accept the specifications of t	his 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 Au	thorization shall not b	e transferred when there is a change in ov	
Construction Authorization is subject to compliance with the provisions	of the Laws and Rules for Sewage Treatment and Dispo	sal and to the condition	ons of this permit. SEE 1	ATTACHED SITE SKETCH
Authorized State Agent: Uhr MC	Lui R.C.	Date:	4/3/2009	
or of the second	Construction Authorizatio		240: 1/2/2010	
		e expiration D	ale. <u> </u>	

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