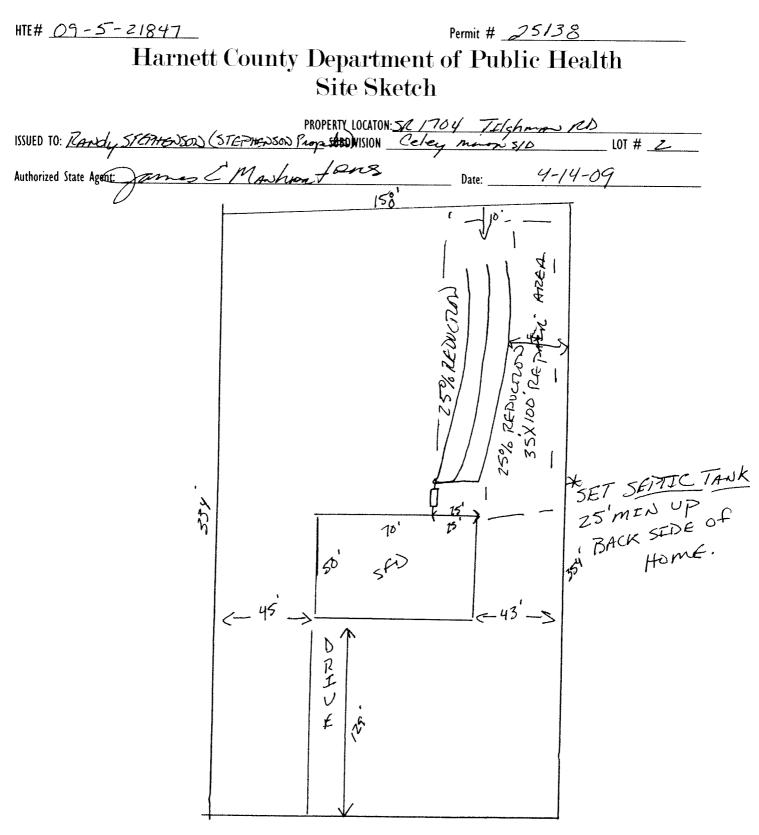
HTE# <u>09-5-21847</u> Har	nett County Department of Pub	lic Health 251	38
	Improvement Permit		00
	A hall from monostra and the test of the test of the	A Damaia	
	A building permit cannot be issued with only an Improvemen PROPERTY LOCATION: <u>SR 1704</u> SUBDIVISION <u>Celcy Marwo</u> Site Improvements ru	TEIchmas RD	
ISSUED TO: RANCY STEPHENSON STEPH	ENSED Property SUBDIVISION Celer MENO,	< 3/D	.0T # -2
NEW 🕼 REPAIR 🗆 EXPANS	ION 🗆 Site Improvements r	quired prior to Construction Authorization Issue	
Type of structure:			
Proposed Wastewater System Type: <u>2598,72000</u> Projected Daily Flow: <u>360</u> GPD	TOP (ACCEPTED)		
	upants: <u>6</u> max		
Basement TYes No	apano, <u> </u>		
Pump Required: 🗆 Yes 🗆 No 🗹 May be req	uired based on final location and elevations of facilities		/
Type of Water Supply: 🗆 Community 🗹 Public	□ Well Distance from well feet	Permit valid for: 🛛 Five	e years
Permit conditions:			expiration
Authorized State Agent: por an Man	hont Date: 4-14-C	9 SEE ATTACHED SITE	CVETCH
The issuance of this permit by the Health Department in no way guar	antees the issuance of other permits. The permit holder is responsible for cl	ecking with appropriate governing hodies in meeting their	requirements This
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditi	changes. The Improvement Permit shall not be affected by a change in ow	ership of the site. This permit is subject to compliance wit	th the provisions of
	Construction Authorization		American (1997)
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	.1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by reference	into this permit and shall be met. Systems shall be instal	lled in accordance
ISSUED TO. RANDI ST-PHENSON (STEP)	Experience PROPERTY LOCATION: 5 R / SUBDIVISION Celeg New Expansion	TAU TELL AD	
inter in <u>Fridy Sterrister (Sterr</u>	SURDIVISION Colo,	MEHRE SUD INT	
Facility Type: 5 FA	New C Expansion Repair		#
Dasement: L les L' No Dasement Fi	XTUPES VINO		
Type of Wastewater System** 25% REDU	(NON System (Accepted)	(Initial) Wastewater Flow: 360) GPD
(see note below, if applicable []]		()	
25% RED	UCRON System (Repair)		
Installation Requirements/Conditions	Number of trenches		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>90</u> feet	Trench Spacing: Feet on C	enter
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: <u>6</u> inches	
	Maximum Trench Depth of: <u>24" max</u> 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	Aggregate Depth:2 inch / 2	es below pipe
A		Aggregate Depth: inch	hes above pipe
Conditions:		12	_ inches total
**If applicable: / understand the system type specifie	d 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	
	of the Laws and Rules for Sewage Treatment and Disposal and to the condi	ons of this permit. SEE ATTACHED S	SILE SKEICH
Authorized State Agent: James 2	Construction Authorization Expiration I	4-14-09	
\mathcal{O}	Construction Authorization Expiration I	ate: <u> </u>	

4-14-14



ST21704 TIGHMAN RD