HTE# 09-5-22102 Harn	ett County Department of Pub	lic Health 25490
	Improvement Permit	
A building permit cannot be issued with only an Improvement Permit		
~	PROPERTY LOCATION: LEMUEL	Bracklo
ISSUED TO: H+1-1 CONSTRUCTORS	INC SUBDIVISION FOREST OAK	5 PH3 LOT # 170
NEW 🛛 REPAIR 🗆 EXPANSIO		uired prior to Construction Authorization Issuance:
Type of Structure: SPOLST 732	·	· ·
Proposed Wastewater System Type: CONVENTIO	anat-	
Projected Daily Flow: <u>360</u> GPD		
Number of bedrooms: <u>3</u> Number of Occu	pants: <u>6</u> max	
Basement I'Yes X No	·	
Pump Required: 🗆 Yes 📄 No 🕅 May be requ	ired based on final location and elevations of facilities	
Type of Water Supply: Community Public Permit conditions:	well Distance from well <u>100</u> feet	Permit valid for: Five years
		No expiration
Authorized State Agent:	<u>NS</u> Date: 62200°	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, .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
ISSUED TO: H+H CONSTRUCTORS	INC PROPERTY LOCATION: LEN	IVEL BLACKFD DAKS PH3 LOT # 170
Facility Type: SFO(57'x32)		DEXKS PH3 LOT # 170
	X New 🗆 Expansion 🗆 Repair tures? 🗆 Yes 🛛 No	
Type of Wastewater System**		
•••••••••••••••••••••••••••••••••••••••	IUNAL	(Initial) Wastewater Flow: <u>360</u> GPD
(See note below, if applicable)		
Installation Requirements/Conditions		
Septic Tank Size 1000 gallons	Exact length of each trench <u>50</u> feet	Trench Spacing: 4 Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: $6 - 18$ inches
	Maximum Trench Depth of: $18-30$ inches	(Maximum soil cover shall not exceed
	(Trench bottoms shall be level to $+/-1/4$ "	36" above the trench bottom)
	in all directions)	\sim
Pump Requirements:ft. TDH vs	GPM	inches below pipe
Conditions:		Aggregate Depth: <u>2</u> inches below pipe inches above pipe <u>12</u> 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.
Owner/Legal Representative Signature:		Date:
This Construction Authorization is subject to revocation if the site plan, p	plat, or the intended use changes. The Construction Authorization shall not t	e 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 conditi	ons of this permit. SEE ATTACHED SITE SKETCH
Authorized State Agent:	Date:	6209

Construction Authorization Expiration Date:

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