HTE#09-5-2223 Har	nett County Departm		blic Health	25496
	<u>Improvement</u>			
	A building permit cannot be issued with	i only an Improveme	nt Permit	
ISSUED TO: ISODEL LUCAS CO.		101: ALPIN SUNSET R.		
			required prior to Construction Au	$\_$ LOT # <u>146</u>
Type of Structure: SFD (48×55)		sice improvements i	equired prior to construction At	Information Issuance.
Proposed Wastewater System Type: Convertion	JPL_			
Projected Daily Flow: <u>360</u> GPD	,			
Number of bedrooms: Number of Occ	upants: <u> </u>			
Basement Yes XNo				
Pump Required: 🛛 Yes 🔽 No 🗆 May be rec Type of Water Supply: 🗆 Community 💢 Public	uired based on final location and elevat	tions of facilities		
Permit conditions:	Well Distance from well <u>K</u>	<u>so</u> teet	Permit valid for	//
		•		No expiration
Authorized State Agent:: HAR	Date:	6809	SEE	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way gua	rantees the issuance of other permits. The permit	holder is responsible for a	hecking with appropriate governing hod	ies 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 condit	e changes. The Improvement Permit shall not be al ions of this permit.	ffected by a change in ow	mership of the site. This permit is subje	ct to compliance with the provisions of
	Construction Aut	harization		
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	<u>(Required for Buildir)</u> 1954, 1955, 1956, 1957, 1958. and 1959 are	n <u>g Permit)</u> incorporated by reference	es into this permit and shall be met. Sy	stems shall be installed in accordance
KENTER TO TELEVISION C	_	Ν	0	
ISSUED TO: JSENER LUCAS CO.	PROPERTY	LOCATION: <u>A</u>	LPINE RD	
Facility Type: SFD (49×52)		N SUNSET		LOT # <u>\46</u>
	X New 🔲 Expansi	on 🗆 Repair	r	
	xtures? I Yes X No		(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	$\partial/\partial$
(See note below, if applicable $\Box$ )	AVIONAL		(Initial) Wastewater Flo	ыж: <u>360</u> GPD
(See note below, I applicable LI) CONVERT	ional	(Repair)		
Installation Requirements/Conditions	Number of trenches			
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>19</u>	50 feet	Trench Spacing: $\Im$	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con Maximum Trench Depth of:	ntour at a	Soil Cover: 12-24	inches
	Maximum Trench Depth of: $\frac{24}{24}$	inches	(Maximum soil cover sh	all not exceed
	(Trench bottoms shall be level to	+/- /4"	36" above the trench	
	in all directions)			,
Pump Requirements:ft. TDH vs	GPM		4	- inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches below pipe inches above pipe
		·····		
**If applicable: / understand the system type specifie	nd is different from the type specified	I on the application	n I accent the specifications	of this permit
Owner/Legal Representative Signature:			Date:	
Owner/Legal Representative Signature:	plat, or the intended use changes. The Construction	on 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 condi	tions of this permit. S	EE ATTACHED SITE SKETCH

Authorized State Agent: \_\_\_\_

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23 the line	Date:	6/8/01	\
Construction Authorization	Expiration Date:	6/8	14



