HTE#09.5-27211 Har	nett County Department of Public He	alth 25801
	Improvement Permit	
	A building permit cannot be issued with only an Improvement Permit	
	PROPERTY LOCATION: <u>SR 1542</u> 614 2 SUBDIVISION	Bures. Creek Rd.
NEW CAPANSI	ON Site Improvements required prior	to Construction Authorization Issuance:
Type of Structure:SFD 45×123		to construction nationization issuance.
Proposed Wastewater System Type: Convention	and	
Projected Daily Flow: GPD	(
Number of bedrooms: Number of Occu	ipants:max	
Basement ZYes D No		
Pump Required: Yes INO May be requ	uired based on final location and elevations of facilities	
Permit conditions:	Well Distance from well <u>/OO</u> feet	Permit valid for: ☐ Five years No expiration
	~ / /	
Authorized State Agent .: Usup MW	a LE.HS. Date: 11/23/2009	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara 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 conditio	antees the issuance of other permits. The permit holder is responsible for checking with app changes. The Improvement Permit shall not be affected by a change in ownership of the si ons of this permit.	tenriste geverning hodies in meeting their meeting. The
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this perm.	t and shall be met. Systems shall be installed in accordance
ISSUED TO: Bobby Joe Long	PROPERTY LOCATION: <u>Cld Buie</u> SUBDIVISION New	Crick Rd.
3	SUBDIVISION	LOT #
Facility Type:	New 🖂 Expansion 🗌 Repair	
Basement? 🗹 Yes 🗆 No Basement Fix	Lures? 🗹 Yes, 🗌 No	
Type of Wastewater System** Conver	ntional (Initial) Wastewater Flow: <u>36</u> 0 GPD
(See note below, if applicable 🗔)		
Conver	(Repair)	
Installation Requirements/Conditions	Number of trenches 2	
Septic Tank Size 1000 gallons		acing:9 Feet on Center
Pump Tank Size /000 gallons	T I I I I I I I I I I	: <u>6-18</u> inches
*: Freeded	H · · · · · · · · · · · · · · · · · · ·	um soil cover shall not exceed
	in all directions)	pove the trench bottom)
Pump Requirements:ft. TDH vs	GPM	G inches below pipe
Conditions Tech II for a h h h	drainfield cannot be achived + funps Allowed in systemtor repair and	Depth: inches above pipe
be required. An Utilition	Allowed in sucher to 5 5000	unit 12 inches total
Doter line must be lote I	THE STATE STATES I CALL	
	an and the first and	
**If applicable: I understand the system type specified		
**If applicable: / understand the system type specified	is different from the type specified on the application. I accept the	
Owner/Legal Representative Signature:	is different from the type specified on the application. I accept th	he specifications of this permit.
Owner/Legal Representative Signature:	I is different from the type specified on the application. I accept the	be specifications of this permit. Date:
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