

HTE# REPAIR

# Harbor County Department of Public Health

27797

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION

Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Proposed Wastewater System Type: \_\_\_\_\_

Projected Daily Flow: \_\_\_\_\_ GPD

Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ max

Basement  Yes  No

Pump Required:  Yes  No  May be required based on final location and elevations of facilities

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

Permit valid for:  Five years

Permit conditions: \_\_\_\_\_  No expiration

Authorized State Agent: \_\_\_\_\_ Date: \_\_\_\_\_ 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, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Adam Kouvelis

PROPERTY LOCATION: NC27

SUBDIVISION TINGEN POINTE LOT # 87

Facility Type: SFO  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* \_\_\_\_\_ (Initial) Wastewater Flow: \_\_\_\_\_ GPD

(See note below, if applicable )

CHAMBER (Repair)

### Installation Requirements/Conditions

Septic Tank Size \_\_\_\_\_ gallons

Number of trenches 1

Exact length of each trench 50 feet

Trench Spacing: \_\_\_\_\_ Feet on Center

Pump Tank Size \_\_\_\_\_ gallons

Trenches shall be installed on contour at a

Soil Cover: \_\_\_\_\_ inches

Maximum Trench Depth of: MATCH TANK 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

\_\_\_\_\_ inches below pipe

Aggregate Depth: \_\_\_\_\_ inches above pipe

Conditions: THIS PERMIT TO REPLACE APPROX. 50' OF CRUSHED CHAMBER IN A NEW DITCH. \_\_\_\_\_ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

\*\*If applicable: I 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, plat, or the intended use changes. The Construction 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 conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: \_\_\_\_\_ (REH) Date: 2/25/14

Construction Authorization Expiration Date: 2/25/19

HTE# REPAIR

# Harris County Department of Public Health

26711

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: \_\_\_\_\_ PROPERTY LOCATION: \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_  
 NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance:  
 Type of Structure: \_\_\_\_\_  
 Proposed Wastewater System Type: \_\_\_\_\_  
 Projected Daily Flow: \_\_\_\_\_ GPD  
 Number of bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_ max  
 Basement  Yes  No  
 Pump Required:  Yes  No  May be required based on final location and elevations of facilities  
 Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet Permit valid for:  Five years  
 Permit conditions: \_\_\_\_\_  No expiration

Authorized State Agent: \_\_\_\_\_ Date: \_\_\_\_\_ 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, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: ADAM KOUEGLIS PROPERTY LOCATION: NC27  
 SUBDIVISION TINGEN POINTE LOT # 87  
 Facility Type: SFO  New  Expansion  Repair  
 Basement?  Yes  No Basement Fixtures?  Yes  No  
 Type of Wastewater System\*\* CHAMBER (Initial) Wastewater Flow: 360 GPD  
 (See note below, if applicable ) CHAMBER (Repair)

**Installation Requirements/Conditions**  
 Septic Tank Size EXISTING gallons Number of trenches \_\_\_\_\_  
 Pump Tank Size \_\_\_\_\_ gallons Exact length of each trench 150 feet Trench Spacing: \_\_\_\_\_ Feet on Center  
 Trenches shall be installed on contour at a Soil Cover: \_\_\_\_\_ inches  
 Maximum Trench Depth of: \_\_\_\_\_ 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 \_\_\_\_\_ inches below pipe  
 Aggregate Depth: \_\_\_\_\_ inches above pipe  
 Conditions: THIS PERMIT IS FOR THE REPLACEMENT OF UP TO 150 FEET OF CHAMBER. \_\_\_\_\_ inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

*\*\*If applicable: I 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, plat, or the intended use changes. The Construction 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 conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 9/13/11  
 Construction Authorization Expiration Date: 9/13/16