HTE# <u>10-5-24590</u> R Harn	ett County Depart	ment of Publi	c Health	26148
Improvement Permit				
	building permit cannot be issued w	ith only an Improvement I	human las	
ISSUED TO: STEVE LAOMAS	SUBDIVISION	CIMMOMON	HILL	LOT # 😪
NEW X REPAIR □ EXRANSIO Type of Structure: <u>SEO(Si^Si</u> )		Site Improvements requ	ired prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: 15/6 2	EQUITION STOR			
Projected Daily Flow: 360 GPD	COUCINE - SIEM			
Number of bedrooms: Number of Occup	oants: G max			
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🛛 🔀 No 🔅 🗆 May be requi	ired based on final location and elev	vations of facilities		
Type of Water Supply:  Community  Public			Permit valid for:	Five years
Permit conditions:	V			No expiration
		11	······	
Authorized State Agent :: Junya Musi	REAS Date:	78/240	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarar	ntees the issuance of other permits. The perm	it holder is responsible for check	ing with appropriate governing bodies in	meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use c the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be is of this nermit	e affected by a change in owners	hip of the site. This permit is subject to	compliance with the provisions of
	Construction Au	uthorization		
The construction and installation requirements of Rules .1950, .1952, .19	<u>(Required for Buil)</u> 954, 1955, 1956, 1957, 1958, and 1959	are incorporated by references in	to this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.			to any permit and man be nice. Systems	shan be instance in accordance
ISSUED TO: STEVE THOMPS	PROPERT		- Burnhouse In	<b>、</b>
	CHEDING			
Facility Type: SFO(51×53)	New 🗆 Expar	nsion 🗌 Repair		L01 #
· · · ·	tures? I Yes X No	ision 🗀 nepan		
Type of Wastewater System** 25% RE	OVCKION SYSTEM		(Initial) Wastewater Flow	360 GPD
(See note below, if applicable 🔲)				
25% RED	UCKION SUSTEM	(Repair)		
Installation Requirements/Conditions	Number of trenches	· · · ·	-	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench	50 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on	contour at a		nches
	Maximum Trench Depth of: 🗋		(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level	to +/-1/4"	36" above the trench bott	om)
	in all directions)			
Pump Requirements:ft. TDH vs	GPM			inches below pipe
Conditioner WATED Laws Mars Ball	For Start Stra	N. 1.	Aggregate Depth:	
Conditions: WATER LINE MUST BE 10 MAN ENGROACH ON INITIA	DI COM DEPTIC STORE	M. NO UTIL	-14 165	inches total
This ENGLIGACE OF INITIS	al oil Kepania mae	R		
**If applicable: I understand the system time enactived	is different from the tree and	~ / / / /		
**If applicable: / understand the system type specified	is anterent from the type specifi	ied on the application. I	accept the specifications of t	his permit.
Owner/Legal Representative Signature:			Date:	
This Construction Authorization is subject to revocation if the site plan, p	lat, or the intended use changes. The Constru	ction Authorization shall not be	transferred when there is a change in ou	marchin of the site. This
Construction Authorization is subject to compliance with the provisions of				ATTACHED SITE SKETCH
Authorized State Agent, Lynn Miniket Date: 7/8/2000				
Construction Authorization Expiration Date: 2/0/2~15				

