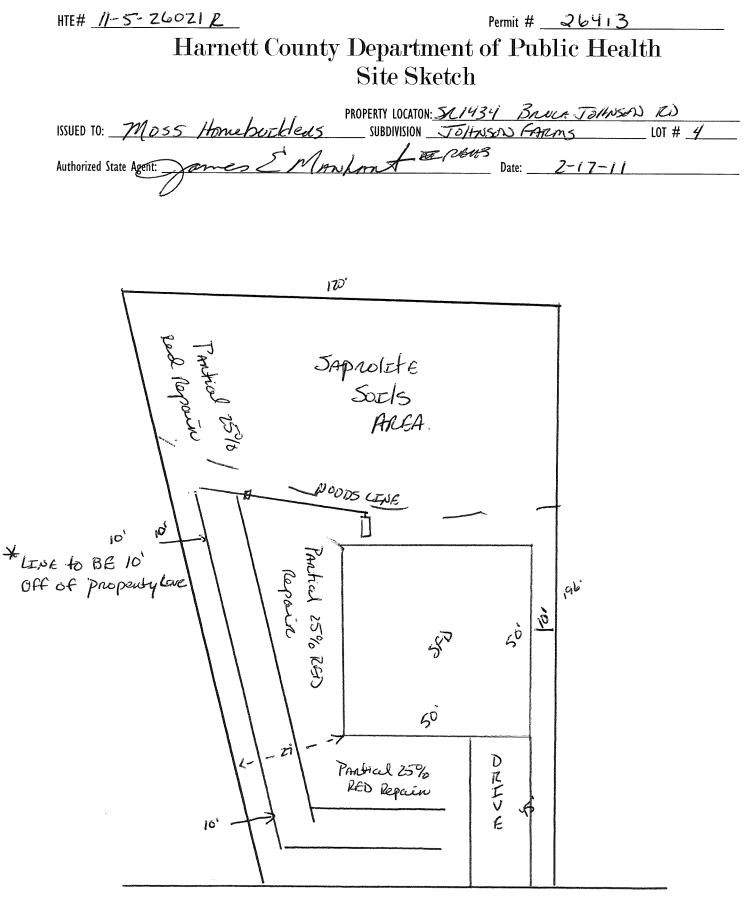
HTE# 11-5-2602/R Har	rnett County Department of Public H	ealth	
	Improvement Permit	26413	
	A building permit cannot be issued with only an Improvement Permit		
	PROPERTY LOCATION 511434 R.Z.W	CR JOINSAN RD	
ISSUED TO MOSS Home buildon		5 LOT # <u>4</u>	
NEW ☑ REPAIR □ EXPAN Type of Structure:SFD	SION Site Improvements required pri	ior to Construction Authorization Issuance:	
Proposed Wastewater System Type: 25% 1218	MUTION		
Projected Daily Flow: <u>360</u> GPD			
Number of bedrooms: Number of Oc Basement □Yes □No /	cupants:max		
Pump Required: 🗆 Yes 🗹 No 🗆 May be re	quired 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	
	11 1 ar cares		
Authorized State Agent:	(Andrant Date: 2-17-11	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 compliance with the provisions of			
the Laws and Rules for Sewage Treatment and Disposal and to condi	itions of this permit		
<u>Construction</u> <u>Authorization</u>			
(Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1956, .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: Moss Homeburld	Cas PROPERTY LOCATION: SAI434 SUBDIVISION <u>√000000000000000000000000000000000000</u>	BAUKE - TOHOSON RA	
	/ SUBDIVISION JONSON FA	nm-s LOT # 4	
Facility Type:SFD	🗹 New 🖵 Expansion 🗆 Repair		
Basement? I res La No Basement Fixtures? I res La No			
(See note below, if applicable \Box)	Uni (Ini	tial) Wastewater Flow: <u>360</u> GPD	
(see note below, in applicable) 25% RFD	ULIZON Suston / MANS (Repair)		
Installation Requirements/Conditions	Number of transfer 7		
Septic Tank Size <u>1000</u> gallons	Exact length of each trench 120 feet Trench	Spacing: Feet on Center	
Pump Tank Size gallons	Irenches shall be installed on contour at a Soil Co	over: 6 inches	
	•	kimum soil cover shall not exceed	
	•	' above the trench bottom)	
Pump Requirements:ft. TDH vs	in all directions) GPM	inchas halaw pipa	
	Grin Aggres	vate Depth: Z inches above pipe	
Conditions:	· · · · · ·	gate Depth: inches below pipe inches above pipe 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: / understand the system type specifi	ied is different from the type specified on the application. I accep	t the specifications of this permit.	

Our sull set Described in City			
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 Dispos	sal and to the conditions of this permit. SEE ATTACHED SITE SKETCH		
Authorized State Agent: 2 Manhand Date Construction Authorizatio			



SALDIA LANR