HTE# <u>11-5-26931R</u> Ha	Irnett County Department of Public Hearn Improvement Permit	26671
DR HARTON	\setminus A building permit cannot be issued with only an Improvement Permit	
	FRUTERIT LUCATION. OVERTATLES CD	
ISSUED TO: STORE COOSE		LOT # <u>119</u>
Type of Structure: SEO (Asix 50)	NSION ロ Site Improvements required prior to Construc	tion Authorization Issuance:
Proposed Wastewater System Type: 25% REG	DUCKION STORM	
Projected Daily Flow: <u>360</u> GPD		
	Occupants:max	
Basement □Yes	required based on final location and elevations of facilities	
Type of Water Supply: Community Publ	$c \square$ Well Distance from well 1000 feet Permit va	alid for: Five years
Permit conditions:		\square No expiration
here and the second sec		
Authorized State Agent::	RENS Date: 7/27/1)	
The issuance of this permit by the Health Department in no way a	uarantees the istuance of other permits. The permit holder is responsible for checking with appropriate govern use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This appropri	SEE ATTACHED SITE SKETCH ing bodies in meeting their requirements. This is subject to compliance with the provisions of
¥ 1	Construction Authorization	
	(Required for Building Permit)	
	(nequired for building remit) 2, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be このエンロー	met. Systems shall be installed in accordance
ISSUED TO: STORE CROSS LL	6 PROPERTY LOCATION: OVERATING &	
	SUBDIVISION STONE CROSS	LOT # 112
Facility Type: SED (202×50)	33 × A) New 🗆 Expansion 🗆 Repair	
- · · · · · · · · · · · · · · · · · · ·	Fixtures? 🗆 Yes 🛛 📉 No	_
, , , , , , , , , , , , , , , , , , ,	COUCTION SYSTEM (Initial) Wastewar	ter Flow: <u>360</u> GPD
(See note below, if applicable \Box)		
Installation Requirements/Conditions	EOUCTION SYSTEM (Repair)	
Septic Tank Size 1000 gallons	Number of trenches Exact length of each trench feet Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: 6	reet on Lenter
	Maximum Trench Depth of: 12 inches (Maximum soil cov	
	(Trench bottoms shall be level to $+/-1/4$ " 36" above the tr	
	in all directions)	
Pump Requirements:ft. TDH vs	GPM	inches below pipe
M. C'	Aggregate Depth:	inches above pipe
Conditions: Thrumum 6 OF CO	VER NEEDED ONGO PRANTELO THIS	inches total
	EOROSAL FROM APPLICANTS LSS	
WATER LINES (INCLUDING IRRIGATION) MUS NO UTILITIES ALLOWED IN INITIAL OR REPAI	T BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. R DRAIN FIELD AREA.	
**If applicable: I understand the system type speci	fied is different from the type specified on the application. I accept the specifica	tions of this permit
Owner/Legal Representative Signature:	Date:	
This Construction Authorization is subject to revocation if the site pl	n, 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 provision	is of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent	REHS Date: 72711	\
REVISED 5/6/13	DEMS Construction Authorization Expiration Date:	16
-		7

