HTE# 12-5-39290 R 11210	ett County D	epartment o	of Puplic	Health	25550
	Impro	vement Perm	nit		
BRADLEY BUILT A				mit	
• • • • •	PRO	PERTY LOCATION:	MICROTON	ver Ko	
ISSUED TO: STANCIL BUILDERS		DIVISION PPTTO	NS POINT	7	LOT # 128
NEWX REPAIR □ EXPANSION Type of Structure: SFD (45×124) 43		Site Impr	ovements require	d prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type: 25% REO	ICTIANI				
Projected Daily Flow: <u>360</u> GPD					
Number of bedrooms: Number of Occupa	ants: <u>6</u> max				
Basement 🗆 Yes 🔀 No					
	red based on final locatio		cilities		•
Type of Water Supply: Community Public Parmit and diagram	└ Well Distance fro	om well <u>100</u>	feet	Permit valid for:	Five years
Permit conditions:					No expiration
14.1 11			、 、		
Authorized State Agent::	REHS	_ Date: 1 24	13	SEE AT	TACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarant	ees the issuance of other perm	its. The permit holder is res	ponsible for checking	with appropriate governing bodies i	n meeting their requirements. This
site is subject to revocation if the site plan, plat, or the intended use ch the Laws and Rules for Sewage Treatment and Disposal and to conditions	anges. The Improxement Permit	shall not be affected by a	change in ownership	of the site. This permit is subject to	o compliance with the provisions of
RETISED IN	Records	2/13/13			
	Construct	ion Authoriza	ation		
		for Building Permit			
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958	and .1959 are incorporated	d by references into	this permit and shall be met. System	s shall be installed in accordance
with the attached system layout. BEADLEY BUIL	~				
ISSUED TO: STANCIL BUILDER	F	PROPERTY LOCATION	+ Mica	stower Ro	
		SUBDIVISION PA	TIONS P	0) 11	LOT # 128
Facility Type: SFD (72: 746) 43:23		Expansion	🗆 Repair		
Basement? 🗆 Yes 🔀 No 🛛 Basement Fixtu	ures? Yes X DUCTION 5	No	•		
Type of Wastewater System**5% RE	DUCTION 5	YSTEM		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable □)	5				
	WOTINN SYS	(,			
Installation Requirements/Conditions	Number of trenches _	<u></u>		0	
Septic Tank Size 1000 gallons	Exact length of each			ench Spacing:	_ Feet on Center
Pump Tank Size gallons	Trenches shall be inst			il Cover: <u> </u>	
	Maximum Trench Dep			(Maximum soil cover shall	
	(Trench bottoms shall	be level to $\pm 1/4$		36" above the trench bot	tom)
Pump Requirements:ft. TDH vs	in all directions) GPM	7			talla tit i
i ump requirementsit. IDA VS	_ 01/1	LA	Λ.	ggragata Danth.	inches below pipe
Conditions:		18"	A	ggregate Depth:	
					inches total
				,	······································

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 the ecovisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Construction Authorization is subject to compliance with Date: 124 Authorized State Agent: RENS 13 Construction Authorization Expiration Date: ¥ R REVISED S (& (K egno



