HTE# 12-5-30124 Har	nett County	Departm	ent of Publ	ic Health	
	Imi	provement	Permit		27229
	A building permit can			Permit	
			ON: 511418 1		
ISSUED TO: STANTON Homes		_ SUBDIVISION 🔟	A .	est-	LOT # _ <u>&</u>
T C N	SION 🗆		Site Improvements req	uired prior to Construction I	Authorization Issuance:
Type of Structure: 3443 Proposed Wastewater System Type: 2593 125	surrow		· ,		
Projected Daily Flow: GOO GPD	<u> </u>				
Number of bedrooms: 5 Number of Oct	cupants 10	_max			· · · · · · · · · · · · · · · · · · ·
Basement Pres No					
	quired based on final le U Well Distan	ocation and elevation ocation and elevation ocation and elevation of the second s	ons of facilities	Permit valid fo	or: 🛛 Five years
Type of Water Supply: Community Public Permit conditions:		ice iroin wen	ieei	refinit valiu n	\square No expiration
	•				,
Authorized State Agents	Marchan &	Date:	12-11-	·7. (F	E ATTACHED SITE SKETCH
Authorized State Agent: The issuance of this permit by the Health Department in no way gua	arantees the issuance of othe				
site is subject to revocation if the site plan, plat, or the intended us	e changes. The Improvement				
the Laws and Rules for Sewage Treatment and Disposal and to condi	tions of this permit				
	Constr	uction Aut	horization		
		quired for Buildin			
The construction and installation requirements of Rules .1950, .1952, with the attached system layout.	•		• •	into this permit and shall be met.	Systems shall be installed in accordance
ISSUED TO: STANTON Homes		PROPERTY I	.ocation: <i>SC/9</i>	18 River	es
		SUBDIVISION	Regat	Cuest	LOT #
Facility Type:	New	🗆 Expansio	on 🗆 Repair		
Basement? 🗹 Yes 🗆 No Basement F		🗆 No	_ 1		
Type of Wastewater System** _ Kunp to	1520 700	ucon	Jysten	(Initial) Wastewater F	Flow: <u>600</u> GPD
(See note below, if applicable \Box)	3107 DAD		(D ,, .)		
Installation Requirements/Conditions	Number of trenc	har 4	(Kepair)		
Septic Tank Size <u>/200</u> gallons	Exact length of		ZS feet	Trench Spacing: 9	A Feet on Center
Pump Tank Size <u>1200</u> gallons	0	e installed on cor		Soil Cover: 6	
			inches	(Maximum soil cover s	
		shall be level to		36" above the trend	
	in all directions)				
Pump Requirements:ft. TDH vs	GPM				🦉 inches below pipe
				Aggregate Depth:	inches below pipe Z inches above pipe Z inches total
Conditions:			· · · · · · · · · · · · · · · · · · ·	a "the state of the state of the state of the	<u> </u>
WATER LINES (INCLUDING IRRIGATION) MUS		NV DADT OF CE			
NO UTILITIES ALLOWED IN INITIAL OR REPAIR			THE STATEM OK I	LI AIN ANLA.	
<u>**If applicable: / understand the system type specified applicable: / understand the system type specified applicable () () () () () () () () () () () () () </u>	ied is different from	the type specified	on the application.	I accept the specification	ns of this permit.
Owner/Legal Representative Signature:				Date:	
					ge in ownership of the site. This
Construction Authorization is subject to compliance with the provision		Sewage Treatment and	Disposal and to the conditi	ons of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	Malt	~	Dates	12-11-	12
Authorized State Agent.	Const	ruction Authoriz	ation Expiration D	12-11 ate: 12-11	~17
Sec. 1	const				

HTE# <u>12 - 5 - 30124</u>	Permit #
	Department of Public Health
V	Site Sketch
	DEDDEDTY LOCATON. So 1918 17-100 AD
ISSUED TO: STANTON Homes	SUBDIVISION Resol Croat LOT # _&
Andrewind State Annual and SMa	PROPERTY LOCATON: On 1918 Rever M subdivision Regent Croat LOT # 8 what for ZBHS Date: 12-11-12
Authorized State Agent	Date
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