HTE# 12-5-30190 Harn	ett County Departm	ent of Publ	ic Health 243	386
A building permit cannot be issued with only an Improvement Permit				
A	PROPERTY IOCAT	ION: <u>INGE</u>		
ISSUED TO: BILL CLARX HOM	SUBDIVISION			LOT # 58
			uired prior to Construction Author	
Type of Structure: SFO(53'×46')				ization issuance.
Proposed Wastewater System Type: 25% RED	UCTION SYSTEM			
Projected Daily Flow: <u>560</u> GPD	-			
Number of bedrooms: Number of Occup	ants: <u>6</u> max		,	
Basement 🗆 Yes 🔀 No				
Pump Required: 🗆 Yes 🗆 No 🛛 May be requi	red based on final location and elevat	ions of facilities		~ /
Type of Water Supply: 🗆 Community 🔀 Public	\Box Well Distance from well \underline{l}	<u>OO</u> feet	Permit valid for:	Five years
Permit conditions:				No expiration
Allah I				
Authorized State Agent::	REHS Date:	2/13/12	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way	guarantees the issuance of other permits.	. The permit holder is res	ponsible for checking with appropriate	e governing bodies in meeting
their requirements. This site is subject to revocation if the site p	olan, plat, or the intended use changes. Th	e Improvement Permit sha	all not be affected by a change in ow	vnership of the site. This
permit is subject to compliance with the provisions of the Laws	and Rules for Sewage Treatment and Dispo	osal and to conditions of i	this permit.	
		E • •		
	Construction Aut	horization		
	(Required for Buildin	ig Permit)		
The construction and installation requirements of Rules .1950, .1			by references into this permit and s	shall be met. Systems shall be
installed in accordance with the attached system layout.		200 Martin 1972	0	
ISSUED TO: BILL CLARK HOM	PROPERTY	LOCATION: 11N		
contra wig)		PATTONS	POINT	LOT # <u>5</u> 7
Facility Type: SFO (53'×45)	🔄 🕅 New 🔲 Expansi	on 🗌 Repair		
	ures? 🗆 Yes 🛛 🗙 No	-		
Type of Wastewater System** 25% Rec	nitial)	Wastewater Flow:	<u>SGO</u> GPD	
(See note below, if applicable)	<i>c</i>			
	OUGSION SYSTEM	_(Repair)		
Installation Requirements/Conditions				
		IVINA	a	
Septic Tank Size 1000 gallons	Exact length of each trench		Trench Spacing: <u>9</u>	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on con		Soil Cover: <u>G-12</u> i	inches
	Maximum Trench Depth of: <u>18</u>		(Maximum soil cover shall r	not exceed
	(Trench bottoms shall be level to	+/- /4"	36" above the trench bott	com)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM		Patriana and a second se	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:				inches total
**If applicable: I understand the system type	pe specified is different from the ty	pe specified on the a	application. I accept the specifi	cations of this permit.
				,
Owner/Legal Representative Signature:			Date:	
Uwner/Legal Representative Signature:	plan, plat, or the intended use changes.	The Construction Authoriza	ition shall not be transferred when th	nere is a change in ownership
of the site. This Construction Authorization is subject to complete	with the provisions of the Laws and Ru	les for Sewage Treatment	•	
I II III	· · · /////		SEE ATT	ACHED SITE SKETCH
Authorized State Agent:	Mr M REHS	Date:	12/13/12	
Authorized State Agent: MMM Construction Authorization Expiration Date: 12/13/12 Construction Authorization Expiration Date: 12/13/17				
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