HTE# 13-5-3012R-SFDHarn	ett County Departme	ent of Publ	lic Health	
13-5,31345. pool	Improvement			27509
•	building permit cannot be issued with o		Permit	
_	PROPERTY LOCATIO	N: ROBERT	s Ro	
ISSUED TO: LYON BUILDERS				LOT #
NEW 文 REPAIR ロ EXPANSION Type of Structure: <u>う </u>	1 🗆 S	ite Improvements req	uired prior to Construction Autho	rization Issuance:
Proposed Wastewater System Type:				
Projected Daily Flow: GPD				
Number of bedrooms: <u>3</u> Number of Occup	ants: <u> </u>			
Basement 🗆 Yes 🔀 No	-			
	red based on final location and elevatio			\sim
Type of Water Supply: Community Public Permit conditions:	Well Distance from well <u></u>	<u>50</u> feet	Permit valid for:	₩ Five years □ No expiration
the sources of the so				
		10112		
Authorized State Agent::	anges. The Improvement Permit shall not be affe	lder is responsible for che	cking with appropriate governing bodies in	FACHED SITE SKETCH 1 meeting their requirements. This compliance with the provisions of
	Construction Auth	orization		
	(Required for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	54, .1955, .1956, .1957, .1958. and .1959 are in	ncorporated by references	into this permit and shall be met. System:	s shall be installed in accordance
ISSUED TO: LYON BUILDERS			ROTE P.	
_	PROPERTY LOSS SUBDIVISION			LOT #
Facility Type:	New 🗆 Expansion			LUI #
	ures? 🗆 Yes 🔀 No			
	TIONAL		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable)			(
CONVENT	IUNAL	Repair)		
Installation Requirements/Conditions	Number of trenches <u>3</u>			
Septic Tank Size 1660 gallons	Exact length of each trench	O feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons	Trenches shall be installed on cont	tour at a	Soil Cover: 24-12	inches
	Maximum Trench Depth of: <u>36</u> -	-24 inches	(Maximum soil cover shall	not exceed
	(Trench bottoms shall be level to	+/- /4"	36" above the trench bot	tom)
	in all directions)			
Pump Requirements:ft. TDH vs	_ GPM			inches below pipe
e us			Aggregate Depth:	
Conditions:			<u> </u>	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B				
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D		IIC STSTEM UK N	EFAIR AREA.	
**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, pl Construction Authorization is subject to compliance with the sprisjon of	at, or the intended use changes. The Construction the Laws and Rules for Sewage Treatment and D	n Authorization shall not b isposal and to the condition	e transferred when there is a change in c ons of this permit.	wnership of the site. This ATTACHED SITE SKETCH
HI M				
Authorized State Agent:	REHS	Date: _	6/4/13.	

ļ	lut	horized	l State	Agent:

QGHS Date: _____ Construction Authorization Expiration Date:

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