HTE# <u>13~5-3088</u> / Harn	ett County Departm	ent of Public	Health	
Improvement Permit			27367	
Α	building permit cannot be issued with	only an Improvement Pe	rmit	
Dansa Mallh	PROPERTY LOCAT	10N: 52 2006 C	RAWFORD	
ISSUED TO: DENESE MAtthe		<u> </u>		LOT # _ /
NEW C REPAIR C EXPANSION		Site Improvements requir	ed prior to Construction Author	ization Issuance:
Proposed Wastewater System Type: 25% IZED V	(202)			
Projected Daily Flow: <u>365</u> GPD	4		······	
	pants:max			
Basement Yes No				
	red based on final location and elevat			
Type of Water Supply: Community Public Permit conditions:	Well Distance from well	teet	Permit valid for:	Five years
				No expiration
The issuance of this permit by the Health Department in no way guaran site is subject to revocation if the site plan, plat, or the intended use of the Laws and Rules for Sewage Treatment and Disposal and to condition	hanges. The Improvement Permit shall not be a			
	Construction Aut	horization		
	(Required for Buildi			
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are	incorporated by references into		
ISSUED TO: DENISE MAtthews	ZUC PROPERTY	LOCATION: 52 20	of CRAwford	las
	SUBDIVISIO	N		LOT # 1
Facility Type: <u>SFD</u>	🗹 New 🛛 Expansi	on 🗌 Repair		
Basement? Yes No Basement Fix	tures? 🗆 Yes 🗖 No	•		
Type of Wastewater System** Pump to	25% 1812200	Systa	_ (Initial) Wastewater Flow:	<u>360</u> GPD
(See note below, if applicable L)		,	, ,	
Pumpto.	25% RADUCIUN	_(Repair)		
Installation Requirements/Conditions	Number of trenches <u> </u>		0	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench			Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be installed on co		oil Cover:i	inches
	Maximum Trench Depth of: 26	<u>>18</u> inches	(Maximum soil cover shall r	not exceed

Pump Requirements: _____ft. TDH vs. _____ GPM

Conditions: _____

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

in all directions)

**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				
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	SEE ATTACHED SITE SKETCH			
Authorized State Agent: Date: Date:	3-13			

(Trench bottoms shall be level to +/-1/4"

36" above the trench bottom)

Aggregate Depth: <u>2</u> inches below pipe <u>12</u> inches above pipe

