## Harn HTE# 13-5-31998

ett	County	Department	of	Public	Health
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27664

**Improvement** Permit

A building permit cannot be issued with only an Improvement Permit							
PROPERTY LOCATION: BOULDER DR							
ISSUED TO: CATES BUILDING INC SUBDIVISION WEST LANDING @ THE SUMMIT LOT # 176							
NEW X REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:							
Type of Structure: SED (42×49')							
Proposed Wastewater System Type: 25% REOUCTION DYSTEM							
Projected Daily Flow: 6000 GPD							
Number of bedrooms: 5 Number of Occupants: 10 max							
Basement 🗆 Yes 🔀 No							
Pump Required: 🗆 Yes 🛛 🖾 No 🛛 🗆 May be required based on final location and elevations of facilities							
Type of Water Supply: 🗆 Community 🔀 Public 🗆 Well Distance from well 🔽 🔿 🔿 🛛 feet 🦳 Permit valid for: 🔍 Five years							
Permit conditions: No expiration							
Authorized State Agent: SEE ATTACHED SITE SKETCH							
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This							
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit that not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of							
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit							

## **Construction** Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: CATES Y	BUILOING	LNC PROPERTY LOCATION	Bau	LOER DR	
	~	CURRINGIAN A T	or La	NOING CTING SUMMIT LOT	# 176
Facility Type: 500 (4	42,249,7	🗕 🔀 New 🗆 Expansion 🗆	🛛 Repair		
Basement? 🗆 Yes 🛛 📉 No	Basement Fixtu	RESUCTION SYSTEM			
Type of Wastewater System**	2570 V	LEOUCTION SYSTEM		(Initial) Wastewater Flow: <u>COC</u>	<u>)</u> GPD
(See note below, if applicable 🗆	Pump To	23% REDUCTION (Repair)			
Installation Requirements/Condition	ns	Number of trenches			
Septic Tank Size 1250	gallons	Exact length of each trench <u>95</u>	feet	Trench Spacing: <u></u> Feet on Co Soil Cover: <u>AH-B</u> inches	enter
Pump Tank Size		Trenches shall be installed on contour at a		Soil Cover: <u> </u>	
		Maximum Trench Depth of: 36-20	) inches	(Maximum soil cover shall not exceed	
		(Trench bottoms shall be level to +/-1/4"	,	36" above the trench bottom)	
		in all directions)			
Pump Requirements:	_ft. TDH vs	GPM		inch	es below pipe
				Aggregate Depth: inch	nes above pipe
Conditions:					inches total

## 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.

**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 conditi	ions of this permit. SEE ATTACHED SITE SKETCH				
Authorized State Agent: Date:	9)5713 Date: 5)518				



BOULDER DR