HTE# <u>14-5-33111</u> R Harn	ett County		-	ic Health	27744
	Imp	<u>provement</u> F	<u>'ermit</u>		
A	building permit can				
P. C. I Ho		PROPERTY LOCATION			ajo RD
	INC	_ SUBDIVISION			
NEW C REPAIR EXPANSIO	N LI	21	e Improvements req	uired prior to Construction Au	thorization Issuance:
Type of Structure: SHD Proposed Wastewater System Type: 25% (UCt)u-	100 50	-			
Projected Daily Flow: GPD					
Number of bedrooms: Number of Occup	ants: G	max			
Basement Yes No					
Pump Required: 🛛 Yes 🗆 No 🖓 May be requi	red based on final l	ocation and elevation	s of facilities		~
	🗆 Well Distan	ce from well	feet	Permit valid for	•
Permit conditions:					No expiration
	1	1-			
Authorized State Agent:	lon host	Date:	3-26-1	۶۱ (FF	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guaran	1 V V V				
site is subject to revocation if the site plan, plat, or the intended use c	hanges. The Improvement				
the Laws and Rules for Sewage Treatment and Disposal and to condition	s of this permit				
	<u> </u>	• • •	• .•		
	<u>Lonstr</u>	<u>uction Auth</u>	<u>orization</u>		
	<u>(Rec</u>	uired for Building	<u>Permit)</u>		
The construction and installation requirements of Rules .1950, .1952, .19 with the attached system layout.	954, .1955, .1956, .1957,	.1958. and .1959 are in	corporated by references	into this permit and shall be met. Sy	stems shall be installed in accordance
ISSUED TO: Confort Hones In) (PROPERTY LO	CATION: Sali	141 Chalybeat	25 - 25 101 # 14
Facility Type:SFD	New New	Expansion	Repair	as juite	
	tures? 🗆 Yes				
Type of Wastewater System** <u>25% Red</u>		Sex Hom	Pum	(Initial) Wastewater Flo	w: 360 GPD
(See note below, if applicable \Box)		-40	<i>p</i>	(miliar) mastemater m	
25% 128-13	1752N	Susto-1	enair)		
Installation Requirements/Conditions	Number of trenc	has 4			
Septic Tank Size _/OOO_ gallons	Exact length of	each trench	 S feet	Trench Spacing:	Feet on Center
Pump Tank Size <u>1000</u> gallons	Trenches shall be	installed on contr	our at a	Soil Cover:	inches
		Depth of: <u>Zo</u>	~	(Maximum soil cover sh	
		shall be level to -		36" above the trench	
	in all directions)				
Pump Requirements:ft. TDH vs	,				6 inches below pipe
				Aggregate Depth:	<u>2</u> inches below pipe <u>2</u> inches above pipe <u>17</u> inches total
Conditions: Fellen	LALOVT	CIESA	to pent		12 inches total
······································	1				
WATER LINES (INCLUDING IRRIGATION) MUST E NO UTILITIES ALLOWED IN INITIAL OR REPAIR D			IC SYSTEM OR F	REPAIR AREA.	
**If applicable: <i>I understand the system type specified</i>	is different from	the type specified	on the application.	I accept the specifications	of this permit.
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, p				Date:	
Construction Authorization is subject to compliance with the provisions of	f the Laws and Rules for	Sewage Treatment and Di	sposal and to the conditi	ons of this permit.	SEE ATTACHED SITE SKETCH
Authorized State Agent:	5 March	note	Date:	3-26-14	
7/	Const	ruction Authoriza	tion Expiration D	3-26-14 ate: 3-26-1	5

