HTE# 15-5-3637522 Harr	nett County Departn	nent of Public	Health	30059				
	Improvement	<u>Permit</u>						
1	A building permit cannot be issued wit	h only an Improvement Perm	it .					
	PROPERTY LOCA	TION: Mal	ory Road (S	r 1538)				
ISSUED TO: Christopher M. Sorr	JURDIAIZION		-	LOT #				
Type of Structure: 332 (61 × 43)	NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:							
Proposed Wastewater System Type: 25%	or su							
Projected Daily Flow:GODGPD	<u> </u>							
Number of bedrooms: 3 Number of Occu	pants: max							
Basement Yes I No		-						
Pump Required: 🗆 Yes 🗆 No 🕒 May be requ	fired based on final location and eleva			_				
Type of Water Supply: Community Public	□ Well Distance from well	MA feet	Permit valid for:	Five years				
Permit conditions:				\Box No expiration				
	2							
Authorized State Agent COCO	Date:	05/16/2018	SEE ATTA	CHED SITE SKETCH				
The issuance of this permit by the Health Department in no way guara	ntees the issuance of other permits. The permit	holder is responsible for checking w	ith appropriate governing bodies in	meeting their requirements This				
site is subject to revocation if the site plan, plat, or the intended use the Laws and Rules for Sewage Treatment and Disposal and to conditio	changes. The Improvement Permit shall not be a	ffected by a change in ownership of	the site. This permit is subject to c	ompliance with the provisions of				
	is of this permit.							
	Construction Aut	thorization						
	(Required for Buildi	2						
The construction and installation requirements of Rules .1950, .1952, .1 with the attached system layout.	954, .1955, .1956, .1957, .1958. and .1959 are	e incorporated by references into thi	permit and shall be met. Systems s	shall be installed in accordance				
ISSUED TO: Christopher M. Sc	property	LOCATION:Ma	bry Road (s	SR (538)				
300 (1) (12)	SUBDIVISIO	N	0 0	LOT #				
racility type: Our GIX TO ONTO	New 🗆 Expansi	on 🗆 Repair						
	tures? 🗆 Yes 🗆 No	-		~				
Type of Wastewater System**	, Reduction :	System 1	nitial) Wastewater Flow: _	366 GPD				
(See note below, if applicable [])		0						
	25% Red. 545.	_(Repair)						
Installation Requirements/Conditions	Number of trenches		9					
Septic Tank Size gallons	Exact length of each trench		ch Spacing:					
Pump Tank Size gallons	Trenches shall be installed on co	1 . 107	Cover: 12-36 in					
	Maximum Trench Depth of:	an an anna anna anna an an an an an an a	aximum soil cover shall no					
	(Trench bottoms shall be level to	+/-1/4" 3	6" above the trench botto	m)				

Pump Requiremen	ts:ft. TDH vs	GPM		NA	inches below pipe
			Aggregate Depth:	NA	inches above pipe
Conditions: $_\mathcal{O}$	N CONTOUR	P-BOX EQUA	L DISTRIBUTION	NA	inches total
	REQUI	RES			

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 train	nsferred 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	f this permit. SEE ATTACHED SITE SKETCH					
Authorized State Agent: Date:	05/16/2018					

