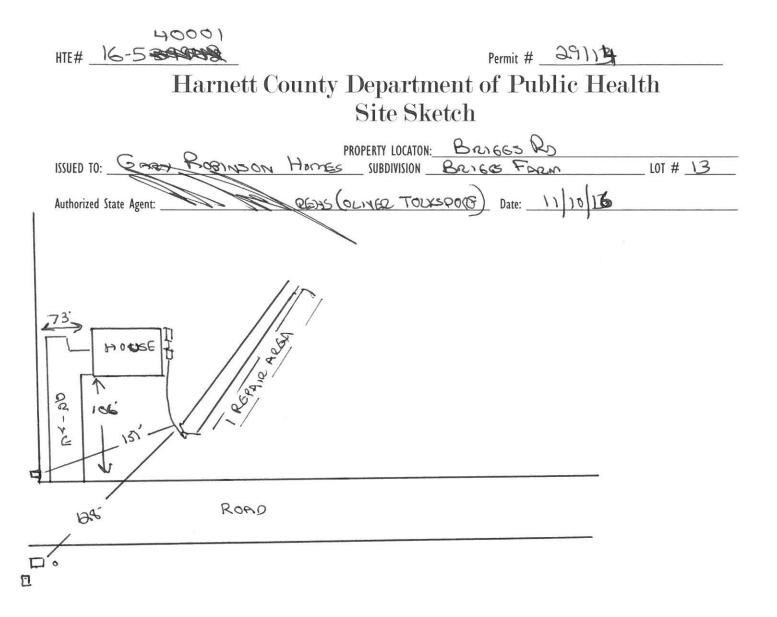
HTE# 16.540001 Harr	nett County	Department of	f Publi	ic Health	29114
	Im	provement Permi	t		2-111
Α		not be issued with only an Im		Permit	
- 10		PROPERTY LOCATION P	SRIGG	s Ro	
ISSUED TO: GARY KOBINSON	HOMES			-pem	LOT # <u>13</u>
	ON 🗆	Site Improv	ements requ	iired prior to Construction Auth	orization Issuance:
Type of Structure: SEO (70 × 60) Proposed Wastewater System Type: Pume To	000	Surfin			
Projected Daily Flow: 360 GPD	as 11 MEC	DOUR N DARIEM			
Number of bedrooms: Number of Occu	pants: S	max			
Basement \Box Yes \aleph No	Puntor				
Pump Required: A Yes INO May be requ	uired based on final	ocation and elevations of facil	lities		N/
Type of Water Supply: Community Public	🗆 Well Dista	nce from well 100	feet	Permit valid for:	Five years
Permit conditions:					No expiration
Al an					
Authorized State Agent::	REHS	Date: \\) / 0	stic	SEE A	ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guara	antees the issuance of othe	er permits. The permit holder is respo	onsible for check	king 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 shall not be affected by a cl	hange in owner	ship of the site. This permit is subject	to compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to condition	ons of this permit				
	Const	nuction Authoriza	tion		
		ruction Authorizat			
The construction and installation requirements of Rules .1950, .1952, .		quired for Building Permit)	hu mfammene i	nto this normit and shall be mot Susta	ame chall he installed in accordance
with the attached system layout.	1754, .1755, .1750, .1757	, .1750. and .1757 are incorporated	by references in	nto tins permit and sman be met. syste	ing shan be instante in accordance
C Q	1		R	Q.	
ISSUED TO: GART KOBINSON	NOMED	SUBDIVISION BG	Deci	Els ND	LOT # 13
Facility Type: SFD(70'×60)	New	$\Box Expansion \Box$		INCIN	
	$$ xtures? \Box Yes		i nepati		
Type of Wastewater System** Pume	Jo 25%	DEDUCTION	SYS	(Initial) Wastewater Flow	v: 366 GPD
(See note below, if applicable \Box)	0.510			(minui) // automatici / io	
(see note below, " upplicable _) Oump	Jo 25%	RED SYS (Repair)			
Installation Requirements/Conditions	Number of tren	-			
Septic Tank Size 1000 gallons		each trench 150	feet	Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons	Trenches shall b	e installed on contour at a		Soil Cover: 6-12	_ inches
	Maximum Trenc	h Depth of: 18-24	inches	(Maximum soil cover sha	ll not exceed
	(Trench bottoms	shall be level to $+/-1/4$ "		36" above the trench b	ottom)
	in all directions				55 X 1150 M 1000
Pump Requirements:ft. TDH vs	GPM				inches below pipe
					inches above pipe
Conditions:					inches total
	10-770-00				
WATER LINES (INCLUDING IRRIGATION) MUST			TEM OR R	EPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR	DRAIN FIELD ARE	A.			
**If applicable: / understand the system type specifie	ed is different from	the type specified on the	application.	I accept the specifications of	of this permit.
Owner/Legal Representative Signature:				Date:	
This Construction Authorization is subject to revocation if the site plan,					n ownership of the site. This
Construction Authorization is subject to compliance with the provisions	othe Laws and Rules for	Sewage Treatment and Disposal and	to the condition	ons of this permit. SE	EE ATTACHED SITE SKETCH
	A &		-	2	
Authorized State Agent:	11 1	READS		1))0)16	
	Cons	truction Authorization Ex	piration D	ate: 11/20/21	



Department of Environment, Health and Natural Resources Division of Environmental Health **On-Site Wastewater Section**

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Prope	rty ID:
Lot #:	
File #	:
Code:	

Sheet:

Owner:	Applicant:	1916		
Address:	Da	ate Evaluated: ()		
Proposed Facility:	33021 De	ate Evaluated: (1) (6) (6) (1) (1) (6) (1) (1) (6) (1) $($	Property Size:	
Location of Site:	Pr	operty Recorded:		
Water Supply:	DePublic	Individual 🗌 Well	Spring	Other
Evaluation Method	Auger Boring	🗌 Pit 🗌 Cut		
Type of Wastewate	r: DSewage	Industrial Process	Mixed	

P R O F I	.1940	Horizon Depth (In.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				
L E #	Landscape Position/ Slope %		.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
١	115	0-14		VAL WOLAP					
		14"	JOK CL	Fo slp	ioranhe 21"				VS
				2					
2		0-17	GLS	ner uslub	10427/ 043				
		17-30	SBKSLL	FN 53/54					- G
		30-48	38K 5C	FI SIP	101127 h e43"				<u></u> кя .Э
3		0-13	G 25	VFR-LB)NG			inger		
		13-30		FR 55/5P			6. 7 .		
		30-48	JBN SG.	F1 5)P					Ря · 3
4		0-16	6 25	vife woldp	ē	2			
		16-40 Bre	SBK SCL HO	VFR Nolvp FR SS/SP				· · · · · · · · · · · · · · · · · · ·	PS 4
5		0-15-	G 15 50K 5CL	VFandup	20 		5		
		32-36 BTA	SAKEL	Fa soly Fisk	10-107), 039				PS.7

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948):
Available Space (.1945)		1 V	Evaluated By:
System Type(s)	Pump	25-04	Others Present:
Site LTAR	13	.3	

Q × 150 e 18-24"