HTE# 16-540854 Harr	nett County	Department	of Pub	lic Health	29131
	Imp	provement Pe	rmit		22101
A building permit cannot be issued with only an Improvement Permit					
		PROPERTY LOCATION.	NURS	Ery Ko	
ISSUED TO: MELLO CONTOLAC NEW & REPAIR D EXPANSI	FORS INC			LAXES	LOT # <u>89</u>
NEW REPAIR REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:					
Proposed Wastewater System Type: PUmp To	25% Prov		10.00	1	
Projected Daily Flow: 480 GPD		C. FOR			
Number of bedrooms: Number of Occu	pants: <u>8</u>	max			
Basement 🗆 Yes 🔍 No					
Pump Required: 25 Yes INO May be requ	ired based on final lo	cation and elevations o	facilities		\sim
Type of Water Supply: 🗆 Community 🛛 💐 Public Permit conditions:	Well Distant	te from well <u>100</u>) feet	Permit valid for:	Five years
					No expiration
			1	2011 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Authorized State Agent::	REAS	Date:	3016	SEE A	TTACHED 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 ch	ecking with appropriate governing hodies	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 I ns of this permit	'ermit shall not be affected b	y a change in own	ership of the site. This permit is subject	to compliance with the provisions of
			· · · · · · · · · · · · · · · · · · ·		
	Constru	iction Authori	zation		
The construction and installation requirements of Rules .1950, .1952, .1	954195519561957.	ired for Building Per 1958, and 1959 are incorpo	<u>MIL)</u> rated by references	into this nermit and shall be met System	ms shall be installed in accordance
with the attached system layout.					ins shall be installed in accordance
ISSUED TO: WELLOO CONTRAGOR INC PROPERTY LOCATION: NURSERY RD					
SUBDIVISION HODEN LAXES LOT # 89					
Facility Type: SFO (48×42) 🛛 New 🗆 Expansion 🗆 Repair					
Basement? [] Yes No Basement Fixtures? [] Yes No Type of Wastewater System** <u>Pume 0 25%</u> <u>REDUCTION 57556M</u> (Initial) Wastewater Flow: <u>480</u> GPD (See note below, if applicable [])					
Type of Wastewater System** <u>Pume 10 2570 REDUCTION 2755Em (Initial)</u> Wastewater Flow: <u>480</u> GPD					
			ir)		
Installation Requirements/Conditions	Number of trench			G	
Septic Tank Size 1000 gallons	Exact length of ea	ich trench <u>400</u>	feet	Trench Spacing:	Feet on Center
Pump Tank Size 1000 gallons		installed on contour		Soll Cover: 6	inches
				(Maximum soil cover shall	
		hall be level to +/-1	/4"	36" above the trench bo	ttom)
Pump Requirements:ft. TDH vs	in all directions)				
				A	inches below pipe
Conditions: MINIMUM OF G"	at cold	A DIFEREN	Ouro	Aggregate Depth:	inches above pipe
DO NOT DISTURP SOUL LING	Caspon S	e Davi Fi	DY GL	373. CM	inches total
Conditions: MINIMUM OF GOF COVER NEEDED OVER SYSTEM inches above pipe DO NOT DISTURE SOLL WHEN CLEARLYSE DRAW FIELD ARM					
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:	
Owner/Legal Representative Signature: Date:					
Construction Authorization is subject to compliance with the previsions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH					
				. 1 1	
Authorized State Agent: Date: 123016					
Construction Authorization Expiration Date: 12302)					

