| HTE# 17 - 5-40660 Har | nett County Departm | nent of Publ | ic Health | 29322 | | |
|--|---|--|--|---|--|--|
| Improvement Permit | | | | | | |
| | A building permit cannot be issued wit PROPERTY LOCA | h only an Improvement TION: 404 Cross | Permit <u>S Link Dr.</u> <u>Place</u> uired prior to Construction Autho | source sonings red.) | | |
| ISSUED TO: Comfort Homes Inc | SUBDIVISION | Cross Link | Place | LOT # 6 | | |
| NEW 🗹 REPAIR 🗆 EXPANSI | | Site Improvements req | uired prior to Construction Autho | rization Issuance: | | |
| Type of Structure: BBR SFD (78'X | (36) | | | | | |
| Proposed Wastewater System Type: 25% Red. | System | | | | | |
| Projected Daily Flow: <u>360</u> GPD | C | | | | | |
| Number of bedrooms: Number of Occu Basement 🗆 Yes 🔄 No | upants: <u> </u> | | | | | |
| | uired based on final location and eleva | tions of facilities | | | | |
| Type of Water Supply: Community Public | | | Permit valid for: | | | |
| Permit conditions: | - Well Distance Ironii well | leet | remit valid for. | Five years No expiration | | |
| | | | | | | |
| | -12-18 | | | | | |
| Authorized State Agent:: | Calle: | 03/011 | 117 SEE ATT | ACHED SITE SKETCH | | |
| The issuance of this permit by the Health Department in no way guar | rantees the issuance of other permits. The permit | holder is responsible for chec | king with 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 conditi | | affected by a change in owner | ship of the site. This permit is subject to | compliance with the provisions of | | |
| the caws and roles for sewage freatment and disposal and to conditi | ons of this perint | | | | | |
| | C | 4 | | | | |
| | Construction Au | thorization | | | | |
| | (Required for Build | ing Permit) | | | | |
| The construction and installation requirements of Rules .1950, .1952, . | | A | 8 MM | | | |
| with the attached system layout. | | | 1 | Chulzbente Spring Rd.) | | |
| ISSUED TO: Comfort Homes In | PROPERTY | LOCATION 404 | Cross Lak Dr (| Chuly be whe Springs Rd. 5-R 1441 LOT # | | |
| | | IN CONST (| ar Plan | | | |
| Facility Type: 3BR SED (78' × 36') |) New D Expans | ion 🗌 Repair | na viace | | | |
| | xtures? 🗆 Yes 🗆 No | non 🗆 kepan | | | | |
| | | 1 . 4. | (Initial) Westsweter Flour | 3600 000 | | |
| (See note below if applicable []) | o 25% Reduction | 2Joren | (Initial) wastewater riow. | GPU | | |
| (See note below, if applicable □) | 754 001 5 1400 | (D | | | | |
| 1 Ump CO | 25% Red . 5ystem Number of trenches Exact length of each trench | _(Kepair) | ~ | | | |
| Installation Requirements/Conditions | Number of trenches | 110 | 179 | | | |
| Septic Tank Size <u>1000</u> gallons | Exact length of each trench | 240 feet | Irench Spacing: | _ Feet on Center | | |
| Pump Tank Size gallons | Trenches shall be installed on co | | Soil Cover: 12 | | | |
| | Maximum Trench Depth of: | | | | | |
| | (Trench bottoms shall be level t | 0 +/-1/4" | 36" above the trench bot | tom) | | |
| | in all directions) | | 1 | | | |
| Pump Requirements:ft. TDH vs | GPM | | 9 | inches below pipe | | |
| | | | Aggregate Depth:Z | inches above pipe | | |
| Conditions: | | | Aggregate Depth: Z | 17 inches total | | |
| | | | | | | |
| WATER LINES (INCLUDING IRRIGATION) MUST | RE 10FT FROM ANY PART OF S | EPTIC SYSTEM OR R | EDAID ADEA | | | |
| | | | LI AIN ANLA. | | | |
| NO UTILITIES ALLOWED IN INITIAL OR REPAIR | DRAIN FIELD AREA. | | | | | |
| **If applicable: / understand the system type specifie | ed is different from the type specific | ed on the application. | I accept the specifications of | this permit. | | |
| | <i>, , , , , , , , , ,</i> | | and a second sec | | | |
| Owner/Legal Representative Signature: | | | Date: | | | |
| Owner/Legal Representative Signature: | plat, or the intended use changes. The Constru- | tion Authorization shall not b | e transferred when there is a change in o | wnership of the site. This | | |
| Construction Authorization is subject to compliance with the provisions | | | | ATTACHED SITE SKETCH | | |
| | | 1 | | | | |

| Authorized State Agent O Thorna Collar | REAS | Date: | 03/01/17 |
|--|----------------------------|-------------------------|----------|
| T 0 | Construction Authorization | Expiration Date: | 03/01/22 |

