

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CASTON CONST. CO. PROPERTY LOCATION: AMERICAN LEGION SUBDIVISION: LOT # B
NEW [X] REPAIR [] EXPANSION []
Type of Structure: SFD (50'x53')
Proposed Wastewater System Type: Pump To 25% Reduction System
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: C max
Basement [] Yes [X] No
Pump Required: [X] Yes [] No [] May be required based on final location and elevations of facilities
Type of Water Supply: [] Community [X] Public [] Well Distance from well _____ feet
Permit valid for: [X] Five years [] No expiration
Permit conditions: _____

Authorized State Agent: [Signature] Date: 6/7/17 SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking 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 change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: CASTON CONST. CO. PROPERTY LOCATION: AMERICAN LEGION SUBDIVISION: LOT # B
Facility Type: SFD (50'x53') [X] New [] Expansion [] Repair
Basement? [] Yes [X] No Basement Fixtures? [] Yes [X] No
Type of Wastewater System** Pump To 25% Reduction System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable []) Pump To 25% Reduction (Repair)

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size 1000 gallons
Number of trenches 3
Exact length of each trench 50 feet
Trench Spacing: 9 Feet on Center
Trenches shall be installed on contour at a
Maximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Soil Cover: 6 inches
Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
Aggregate Depth: _____ inches above pipe
Conditions: SEE SITE SKETCH FOR CURTAIN DRAIN REQUIREMENTS _____ inches total

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: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred 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 this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 6/7/17
Construction Authorization Expiration Date: 6/7/22

