

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: TRIP, ANTHONY
PROPERTY LOCATION: 330 ELLIS STEWART LN
SUBDIVISION:
LOT #:
Type of Structure: SFD (60x67)
Proposed Wastewater System Type: CONVENTIONAL
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement: No
Pump Required: No
Type of Water Supply: Well
Distance from well: 100 feet
Permit valid for: Five years

Authorized State Agent: [Signature] REHS Date: 2/28/19 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: TRIP, ANTHONY
PROPERTY LOCATION: 330 ELLIS STEWART LN
SUBDIVISION:
LOT #:
Facility Type: SFD (60x67) New
Basement: No
Type of Wastewater System: CONVENTIONAL (Initial) Wastewater Flow: 360 GPD
CONVENTIONAL (Repair)

Installation Requirements/Conditions
Number of trenches: 4
Septic Tank Size: 1000 gallons
Exact length of each trench: 90 feet
Trench Spacing: 9 Feet on Center
Pump Tank Size:
Trenches shall be installed on contour at a
Maximum Trench Depth of: 18 inches
Soil Cover: 6 inches
(Pump Requirements: ft. TDH vs. GPM)
Aggregate Depth: inches below pipe, inches above pipe, 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] REHS Date: 2/28/19
Construction Authorization Expiration Date: 2/28/23



