HTE#16-5-39818 Harn	ett County Departme	nt of Publ	ic Health	29125
				27123
A building permit cannot be issued with only an Improvement Permit				
A	PROPERTY LOCATIO		DRIVE	
ISSUED TO: CASINO PARTY A			INDUSTRIAL PARY	LOT # 🕱
NEW 🔀 REPAIR 🗆 EXPANSIO			uired prior to Construction Author	
Type of Structure: WAREHOUSE				
Proposed Wastewater System Type: CONVENTL	ONAL			
Projected Daily Flow: GPD		-00:		
Number of bedrooms: Number of Occu	pants: max			
Basement Yes No				
Pump Required: 🗆 Yes 🗆 No 🗡 May be requ Type of Water Supply: 🗆 Community 🏹 Public	ired based on final location and elevation	is of facilities	D	Xr.
Permit conditions:	Weil Distance from weil	feet	Permit valid for:	Five years
		n an an Albin		
Authorized State Agent::	REAS Date: 1	2/14/16	SEE ATT	ACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the begance 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 Auth	orization		
	(Required for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952, .1	954, .1955, .1956, .1957, .1958. and .1959 are in	corporated by references i	nto this permit and shall be met. Systems	shall be installed in accordance
with the attached system layout.				
ISSUED TO: CASINO PARTY ACES PROPERTY LOCATION: JARCO DOWE				
ISSUED TO: CASINO PARTY ACES PROPERTY LOCATION: JARCO DOWE SUBDIVISION TRI SOUTH INDUSTRIAL PARCE LOT # 5				
Facility Type: WANGHOUSE KNew Expansion Repair				
Basement? 🗆 Yes 🛛 No Basement Fix	tures? 🗆 Yes 🛛 🛛 No			
Type of Wastewater System**CONVE	LANDIGNAL		(Initial) Wastewater Flow:	100 GPD
(See note below, if applicable $\Box$ )				
CONVE	NTIONAL (F	lepair)		
Installation Requirements/Conditions	Number of trenches		9	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench $\underline{5C}$	> feet	Trench Spacing:	
Pump Tank Size gallons	Trenches shall be installed on conte		Soil Cover: 6-72	inches
	Maximum Trench Depth of: <u>18-</u>		(Maximum soil cover shall i	not exceed
	(Trench bottoms shall be level to -	⊦/- /4"	36" above the trench bott	om)
	in all directions)		0	
Pump Requirements:ft. TDH vs	GPM		6	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:			Aggregate Depth:	2 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:				
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				
and the second s				
Authorized State Agent:	De RENS	Data	Allader	
חענווטווצכע אמנכ אצכוונ.	Construction Auto	ion Evaluation D	12)14)16 ate: 12)14/21	
	construction Authorizat	ion expiration Da	ale. <u>117</u> ]01	

