

HTE# Repair

Harris County Department of Public Health

29149

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: _____

ISSUED TO: _____ SUBDIVISION _____ LOT # _____

NEW ☐ REPAIR ☐ EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: _____

Proposed Wastewater System Type: _____

Projected Daily Flow: _____ GPD

Number of bedrooms: _____ Number of Occupants: _____ max

Basement ☐ Yes ☐ NoPump Required: ☐ Yes ☐ No ☐ May be required based on final location and elevations of facilitiesType of Water Supply: ☐ Community ☐ Public ☐ Well Distance from well _____ feetPermit valid for: ☐ Five yearsPermit conditions: _____ ☐ No expiration

Authorized State Agent: _____ Date: _____ 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: FRANKIE PETREEPROPERTY LOCATION: 597 Dove Rd

SUBDIVISION _____ LOT # _____

Facility Type: Ext Home ☐ New ☐ Expansion ☒ RepairBasement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ NoType of Wastewater System** _____ (Initial) Wastewater Flow: 360 GPD(See note below, if applicable ☐)25% REDUCTION SYSTEM (Repair)Installation Requirements/ConditionsNumber of trenches 3Septic Tank Size Existing gallonsExact length of each trench 50 feetTrench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons

Trenches shall be installed on contour at a

Soil Cover: 6-18 inchesMaximum Trench Depth of: 18-30 inches

(Maximum soil cover shall not exceed

(Trench bottoms shall be level to $\pm 1/4"$

36" above the trench bottom)

in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

Conditions: _____ 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: _____ Date: 2/6/17Construction Authorization Expiration Date: 2/6/22

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Permit # 29149

Harnett County Department of Public Health Site Sketch

ISSUED TO: FRANKIE PETER PROPERTY LOCATOR: 597 Dove Rd
SUBDIVISION - LOT # -

Authorized State Agent: ~~FRANKIE PETER~~ (OLIVER TOLSON) Date: 2/6/17

