

HTE# 15-5-35714

Hamilton County Department of Public Health

28248

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Elizabeth + Jeremy Hamilton
PROPERTY LOCATION: 3054 GUY RD
SUBDIVISION:
LOT #: 2
Type of Structure: EX BURIED SFD
Proposed Wastewater System Type: 25% BURIED
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max
Basement: No
Pump Required: May be required based on final location and elevations of facilities
Type of Water Supply: Public Well Distance from well: 50+ feet
Permit valid for: Five years

Authorized State Agent: James E. Markant Date: 3-23-15 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: Elizabeth + Jeremy Hamilton
PROPERTY LOCATION: 3054 GUY RD
SUBDIVISION:
LOT #: 2
Facility Type: EX BURIED SFD
Basement: No
Type of Wastewater System: 25% BURIED SYSTEM (Repair)
(Initial) Wastewater Flow: 360 GPD

Installation Requirements/Conditions
Septic Tank Size: 1000 gallons
Pump Tank Size:
Number of trenches: 2
Exact length of each trench: 120 feet
Trench Spacing: 7 Feet on Center
Soil Cover: 6 inches
Maximum Trench Depth: 26-1/8 inches
Aggregate Depth: 12 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: James E. Markant Date: 3-23-15
Construction Authorization Expiration Date: 3-23-20

