

PIN

COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

Permit Number

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: _____

PROPERTY LOCATION: _____

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: _____

Basement Yes No

Pump Required: Yes No May be required based upon final location and elevations of facilities

Type of Water Supply: _____

Permit valid for: Five years
 No expiration

Permit conditions: _____

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 reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: _____

PROPERTY LOCATION: _____

Facility Type: _____ New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** _____ (Initial)

Wastewater Flow: _____ GPD

(See note below, if applicable)

_____ (Repair)

Installation Requirements/Conditions

Septic Tank Size: _____ gallons

Total Trench Length: _____ feet

Trench Spacing: _____ Feet on Center

Pump Tank Size: _____ gallons

Trenches shall be installed on contour at a Maximum Trench Depth of: _____ inches
(Trench bottoms shall be level to +/- 1/4" in all directions)

Soil Cover: _____ inches
(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe
_____ inches above pipe
_____ inches total

Conditions: _____

****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.

Authorized State Agent: _____ Date of Issuance: _____

See Attached site sketch

Construction Authorization Expiration Date: _____

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