	Permit #	valid for one year from	ранспазеј		
IRAB		2/27/		1/00	0
	Date:	23/07	,	e:_/ <u>50</u>	
leason for Permit (c	tircle one): (New Construction		Replacement		pair
lame of Landowner	: <u>HEATH</u>	(First) Anair		Nlîddle Initial)	
	167 South 6	<u></u>	4345	where D	
	167 South			<u> </u>	
	1ber(s): <u>830-990-</u>				<u> </u>
	Vol Page				6
ubdivision Name:_	The VINEYARd	Lot_	<u>//</u> Вк	Phase	
	/ Survey Name and #				
cres <u>4</u>				z)	
nstaller:					
Vater softener (Demai	ngle Family Residence: Living Area: C < 1500 , # of Baths (Full) ad-Initiated Regeneration) (Ves) or pp-Single Family Residence	(Hali),V	Vater saving do d separate fron	vices (circle): Yes c n the OSSF: Yes c	or No er No
Vater softener (Deman	, # of Baths (Full)	e or Commercial/	Vater saving de d separate fron Institutional (in	vices (circle): (res) n the OSSF: Yes c	or No or No idences)
Information on No escribe Usage:	, # of Baths (Full)	e or Commercial/	Vater saving do d separate from Institutional (in best of my kn	owledge. Author	or No or No idences)
Certify that the ab hereby given to G	ove statements are true a Sillespic County OSSF De oil/site evaluation and inv	e or Commercial/	Vater saving do d separate from Institutional (in best of my kn	owledge. Author	or No or No idences)
Certify that the ab hereby given to G	, # of Baths (Full) ad-Initiated Regeneration) on-Single Family Residence ove statements are true a Sillespie County OSSF De	e or Commercial/	Vater saving do d separate from Institutional (in best of my kn	owledge. Author	or No or No idences)
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Information on No escribe Usage:	, # of Baths (Full) 3 and-Initiated Regeneration) (Co) or on-Single Family Residence ove statements are true a sillespie County OSSF De oil/site evaluation and inv (Signature of Owner) sage rate: $Q = 360$ uls submitted by: \Box Installe ins required for Subdivision elopment, Business Parks, ent units and non-standard	(Half), V Plumbe e or Commercial/i nd correct to the partment to enter vestigation of an (gallons/day er Profession ns, Manufactured or other similar u	Vater saving de d separate from institutional (in best of my kn r upon the ab on-site sewage L () () () () () () () () () () () () ()	owledge. Author owledge. Author ove describe proj facility. (Date) Contection	or No or No idences)

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	Certification of Approval Final Inspection Permit # 5621	
Dat	ate: Aug 30, 2007 Approved By: Dwonger CBODS	
I.	Sewer (House Drain): 3 inch Sch 40 4 inch Sch 40 Other: Slope of sewer pipe to tank minimum of 1/8 inch/foot Elevation difference from house stub out to tank Clean-outs every 50 feet and within 5 feet of 90 degree bends	
Π.	Treatment: Conventional Tanks Diabrobic Diother: TANKS SIZE AND COMPARTMENTS SERIAL # RISER MANUFACTUR 1. 12.50/2C	RE
Ш.	Disposal Field: Conventional Gravel Leaching Chambers(Brand) Low-Pressure Pipe Mounds Gravel-Less Pipe Pressure Emitters (drip) ET Beds Other:	
CR	Subsurface Disposal: SQUARE FEET LENGTH OF TRENCH WIDTH HEIGHT OF MEDIA CREDIT AREA=LENGT REDIT 1 376 ft. 1 ft. 5 ft. 1880 Sq. ft. 2ft. ft. ft. ft. 5 ft. 1880 Sq. ft.	FH X '
IV.	Surface Disposal (Application): Area Required in Sq. Ft. Loading Rate: Area Designed in Sq. Ft. Timer installed Yes or No Anti-siphon Hole used Yes or No Check valve used Yes or No	
ν.	Map of System: GPS UTM 14 R 05/0/89 Not to Scale 3349424 DRIVE WAY GAR of complete DRIVE WAY GAR of complete 36	WELL • • • • • • • • •
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75'		

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