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|--|--------------------|--|--|
| POLK COUNTY HEALTH CENTER  |                    | Application Number: POLK - 96-33   |  |
| ON-SITE SEWAGE DISPOSAL SYSTEM<br>CONSTRUCTION PERMIT APPLICATION  |                    | PCHC use only  | Fee Paid 4-24-96   |
| 1. Property Owner Name (Last, First, MI)<br>Ray Mariner  |                    | APPROVED   | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Date 4-25-96 |
| 2. Site Address (911 / ENS)<br>3221 SO 784th Rd  |                    | Permit Number  | POLK-96-33   |
| City County Zip Code<br>Flamertown Polk 65650  |                    | Date Issued  | 4-25-96  |
| 1/4 SW 1/4 NW Section 18 Township 35 Range 22  |                    | Expiration Date  | 7-25-96  |
| Directions to Site<br>Bear Right to Inlet Village Road & Make Right 1/4 mile -<br>Right side                       |                    | San Signature  | Sam Kirby Jr.  |
| 3. Mailing Address (if different from above)<br>22619 Pleasant Drive   |                    | Day Phone Number<br>( ) -  | Night Phone Number<br>(705) 481-7122   |
| City State Zip Code<br>Richardson Park IL 60042  |                    |  |  |
| 4. System is: New Construction <input checked="" type="checkbox"/> Repair Existing System <input type="checkbox"/> |                    |  |  |
| 5. System serves: Residence <input checked="" type="checkbox"/> Business <input type="checkbox"/>                  |                    |  |  |
| Single Family <input checked="" type="checkbox"/>  | No. Bedrooms: 3    | Whirlpool Bath <input type="checkbox"/>  | Food Service <input type="checkbox"/>  |
| Multi-Family <input type="checkbox"/>  | Laundry Facility 1 | Garbage Disposal <input type="checkbox"/>  | Lodging <input type="checkbox"/>   |
|  |                    | Dishwasher <input type="checkbox"/>  | Other (specify):   |
|  |                    | Daily Sewage Flow (gallons per day)<br>360 gpd.  |  |
| 6. Water Supply  |                    |  |  |
| Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  |                    |  |  |
| Name of Supply   |                    | Type Supply Bored Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Driven Well <input type="checkbox"/> |  |
|  |                    | Drilled Well <input type="checkbox"/> Other (specify):   |  |
| 7. Lot Size # Acres 75 # Square Feet   |                    | Slope 7% Indicate direction of slope on Site Layout.   |  |
| 8. Soil Information  |                    | Include percolation test or soil scientist report with the application   |  |
| Percolation Test <input type="checkbox"/>  |                    | Percolation rate (Min / Inch)  |  |
| Soil Morphology <input checked="" type="checkbox"/>  | Soil Type OC1E     | Soil Texture SIC/C   | % Clay 36-100  |
| 9. Name of Percolation Tester or Soil Scientist  |                    | Tester Social Security Number  |  |
| Richard Henderson  |                    |  |  |
| Address  |                    | Phone Number   |  |
| P.O. Box 94  |                    | (471) 930-0296   |  |
| City State Zip Code  |                    |  |  |
| Louisburg Mo 651085  |                    |  |  |

10. Proposed System

Complete information only for the system you plan to construct.

A.  Waste Stabilization Pond

Pond Seal

Dimensions (Length x Width or Diameter)

Native Soil  Artificial Liner   
 COMPACTED CLAY 1' OR MORE

Total Water Surface Area (Square Feet) 1320'  
 37' x 36'

Bentonite Clay  Clay From Another Source

Working Depth 3'

Type of equipment used to compact soil:  
 RUBBER TIRED BACK HOE

Indicate location of discharge pipe, fence, gate, and all set back distances on Site Layout

B.  Sewage Tank

Absorption Field

Manufacturer: Type Construction

Serial Dist (Land Block)  Flat Lot Layout

Liquid Capacity (gal) Material

Total Absorption Area No. of Trenches

Trench Width Trench Depth

Septic

Distances from: Well <sup>PROPOSED</sup> > 200' House 200 ft.

Aerated  NSF Class I Y  N

Property Lines 150 ft. 135 ft. Water Lines <sup>PROPOSED</sup> > 200'

Distance from: Well House

Stream, River, Pond or Lake 165 ft. Neighbors Well > 500'

Show location of house, tank, absorption field, wells, water lines, bodies of water, geological features, easements, and all setback distances on the Site Layout.

C.  Alternative System

Low Pressure Pipe System

Single Pass Sand Filter

Mound System

Wetlands

Other (specify)

Include supporting data, calculations, and drawings, with the packet

11. Installer

Registered Y  N

Social Security Number 494-62-7129

Name Robert Hale Backhoe Service

Phone Number (417) 326-7450

Address 1034 S. Hillian Ave

City Belivar

State Mo.

Zip Code 65013

All information contained in and with this application packet is true and accurate to the best of my knowledge

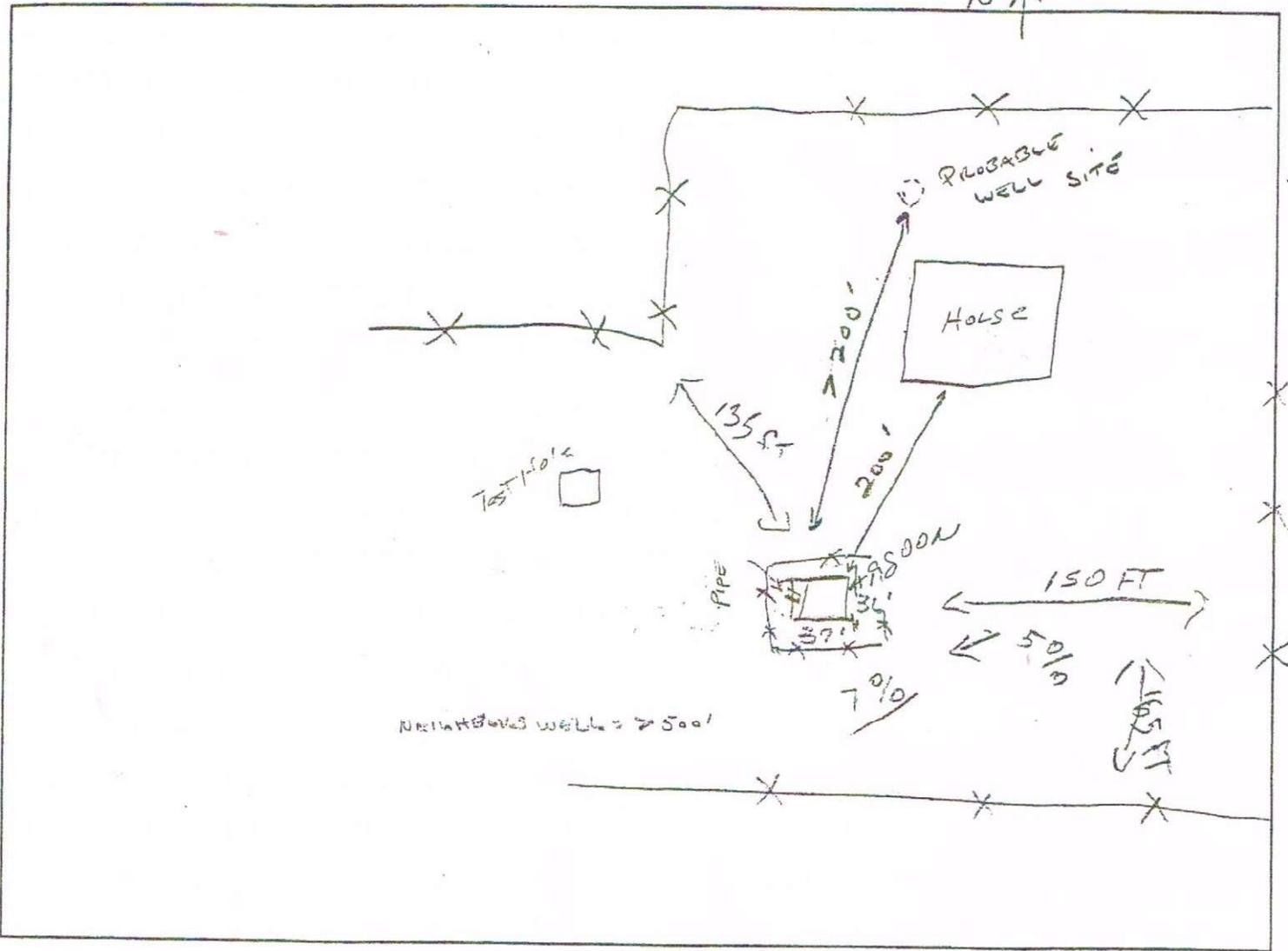
12. Signature of Owner or Agent

Robert Hale

Date

4-23-96

### 13. Site Layout



1. Show property lines and dimensions to reflect the shape and size of the property.
2. Diagram proposed system. Show appropriate elevations to indicate proper fall for system. System must be staked on the property for the Site Elevation.
3. Show distances to house, well, water lines, property lines, geological features such as sinkholes, rock outcrops, lakes, ponds, streams, rivers, etc.
4. Show distances to neighbors wells, homes, and sewage disposal systems.
5. Show locations of all percolation test holes or soil morphology test pits. Holes must be flagged on the property for site evaluation.
6. Show fence location around waste stabilization pond.
7. Use the slope diagram to show percent of slope. Use arrows on the Site Layout to indicate the direction of slope.
8. Indicate any known easements that exist for utilities, roads, private driveways, or other easements.

### Slope Diagram

Show percent slope on diagram. Show cross section of system on slope.

