HTE# <u>09-50</u> PERMIT #_25		Operation	nent of Public Health <u>Permit</u> CATLOR: 133	20750 Nitrification Line 🗆 Expansion
Name: (owner) _ System Installer: Basement with plum Type of Water Supp System Type:C (In accordance with This system has been inst	ly: Community Public Pr-cla Y Table V a)	SUBDIVISION Registrat of Bedrooms Well Distance from well Well Distance from well Owner must contact He	1	
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: IV. Operation:	System shall perform in accordance As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator require If yes, see attached sheet for addi		42 42 42 1 e and reporting.	N 
V. Other: Following are the spec Type of system: Subsurface Drainage Field French Drain Required	Conventional Other No. of ditches	tem on-the above captioned property. <u>y</u> <u>y</u> <u>y</u> exact length of each ditch <u>y</u> <u>y</u> feet	Septic Tank: gallons width of ditches feet	Pump Tank: gallons depth of ditches X - J inches