Nº13180

OPERATIONS PERMIT

00 50000126 Name: (owner) Property Location: ☐ Nitrification Line □ Repairs TAX ID# Quadrant #_____ ______ Registration # _____ Contractor: Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: _ Following are the specifications for the sewage disposal system on above captioned property. Other____ Type of system: Conventional Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: exact length width of depth of of each ditch ft. ditches ft. ditches Subsurface No. of Drainage Field _____ Linear feet French Drain: _ Inspected by:

