ARNETT COUNTY HEALTH DE ENVIRONMENTAL HEALTH S

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OPERATIONS PERMIT

James Fallin New Installation Septic Tank SR#_ NC 2 Repairs Nitrification Line Property Location: Subdivision Timberline Est Lot# 5 TAX ID#_____ Quadrant #_____ Insure _____ Registration # _____ Contractor: _ Basement with Plumbing: Garage: ☐ Well ☐ Public ☐ Community Distance From Well: ______ft. Following are the specifications for the sewage disposal system on above captioned property. Type of system: Conventional ☐ Other _____ Septic Tank: _____ gallons Pump Tank: _____ gallons Size of tank: exact length of each ditch ft. ditches ft. depth of depth of ditches in. Subsurface No. of Drainage Field ditches____ Linear feet French Drain: __ Date: 7-18-0 Inspected by:__