## NETT COUNTY HEALTH DEPAI ENT

№ 15552

## OPERATIONS PERMIT 02-5-5003

Name: (owner)	SR#_NCar Subdivision_E	Sitanti (HIIB midle woo	is Brook) d Hills	New Inst	allation	Septic Tank Nitrification Line
Contractor:	TAX ID#					
Basement with Plum	ibing:	G	arage:			
Water Supply:	Well Pub	lic 🔲 C	ommunity			
Distance From Well	:_5>	ft.				
Following are the s	pecifications for	the sewage	disposal sys	tem on above	captioned p	roperty.
Type of system:	Conventional		ther			-
Size of tank:	Septic Tank:	) gallor	ns Pu	mp Tank:	gallons	S
Subsurface Drainage Field	No. of ditches	exact lengt of each dite	h ch 300 f	width of ditches	depth	es / 8 in.
PERMIT NO.		ar feet	Date:	4 _	mental Healt	Exister MH Syptic SYSTEM
	1	RI	5	NC JU	<u> </u>	