HA ETT COUNTY HEALTH DEPAR' ENT ENVIRONMENTAL HEALTH SECTION

Nº 15547

OPERATIONS PERMIT

035-5553 Name: (owner) TABitha Delapaz New Installation Septic Tank

Property Location: SR# 1120 Repairs Nitrification Line Subdivision _____ Lot # TAX ID#_____ Quadrant #_____ Sharpe Registration # Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: ______ 55 ft. Following are the specifications for the sewage disposal system on above captioned property. Type of system: Conventional ☐ Other _____ Septic Tank: Pump Tank: gallons Size of tank: No. of ditches 4 exact length of each ditch 100 ft. ditches 3 ft. ditches 18 in. Subsurface Drainage Field _____ Linear feet French Drain: ___ PERMIT NO. 19529