

03-5-5938

H **NETT COUNTY HEALTH DEPARTMENT** ENVIRONMENTAL HEALTH SECTION

No 15798

OPERATIONS PERMIT

Name: (owner) Tina McCorquodale New Installation Septic Tank
 Property Location: SR# 55 Repairs Nitrification Line
 Subdivision Park Island Lot # 3
 TAX ID# _____ Quadrant # _____
 Contractor: Dening Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 in.
6 in. of cover

French Drain: _____ Linear feet

Date: 2/3/2003

PERMIT NO. 19727

Inspected by: Bryan McSwain R.S.
 Environmental Health Specialist

* Needs TANK + D-Box checked
 * Lines OK 1/21/2003
 BM

