HTE # 04-5-8790R

HA ETT COUNTY HEALTH DEPAR ENT

17809

OPERATIONS PERMIT

Name: (owner) <u>L.L</u>		The state of the s		
Property Location: SR# 1415 fouls CL. Subdivision yalkee Lot # 8 Tax ID # Quadrant # Quadrant #				
Contractor: R. Ly		Registration		
Basement with Plumbing: Garage:				
Water Supply: 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 E	2 F/0 W		
Size of tank: Septic	Tank: /@@ gallons I	Pump Tank: gallons		
Subsurface Drainage Field	No. of exact length of each ditch	width of ditches 3 ft.	depth of ditches 15-24 in.	
French Drain Required: Linear feet Date: Date:				
PERMIT NO. 20504		Inspected by:	Inspected by: By Min, L.S.	

