

HTE 04-5-9769R

OPERATIONS PERMIT

Name: (owner) MIKE RAY New Installation Septic Tank
 Property Location: SR# 1291 OLO US421 Repairs Nitrification Line
 Subdivision MAMIE BELL RIDGE Lot # 5
 Tax ID # _____ Quadrant # _____
 Contractor: MIKE RAY Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 11/15/04
 Inspected by: [Signature]
 Environmental Health Specialist

PERMIT NO. 20906

