

HTE # 04-S-9814

HARVARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17724

OPERATIONS PERMIT

Name: (owner) MIKE RAY New Installation Septic Tank Repair

Property Location: SR# 1291 OLO VS421 Nitrification Line Expansion

Subdivision MAMIE BELL RIDGE Lot # 34 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 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet Date: 6/17/05

PERMIT NO. 20987 Inspected by: [Signature] RS

