

05-500-1235

ARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

18076

OPERATIONS PERMIT

Name: (owner) CAVINISS New Installation Septic Tank Repair

Property Location: SR# 1125 Nitrification Line Expansion
Subdivision Foley Oaks Lot # 20 Tax ID # _____ Quadrant # _____

Contractor: D.C. Carter Registration # _____

Basement with Plumbing: Garage: Needs pipe in stepdown

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 Tree Chips

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 2/4 in.

French Drain Required: _____ Linear feet Date: 11-17-05

PERMIT NO. ~~22130~~ 22130 Inspected by: J. Walters

Well-1000 173 414 9.9-10.05

