HTE # 05-5-1325R

HAF IT COUNTY HEALTH DEPART NT 18681 ENVIRONMENTAL HEALTH SECTION

OPERATIONS PERMIT

Name: (owner) 3 K	OB ADAMS		New Insta	Illation Sep	tic Tank 🗆 Repair	
Property Location: S Subdivision	R# Hwy 421 Ewooo Lot#	2 Tax ID#	Nitrificat	tion Line	Expansion ant #	
Contractor: LA	RRY SHARPE		Registration #			
Basement with Plumb	oing: G	arage:				
Water Supply: Wa						
Following are the sp	ecifications for the	he sewage dispos	al system on	above captioned	d property.	
Type of system:	Conventional 🗵	Other Pow	STYRENE AG	GREGATE TREN	C)4	
Size of tank: Septic	Tank: 1000	_ gallons Pum	p Tank:	gallons		
	No. of ditches _\					
Drainage Field French Drain Require PERMIT NO	ed:L	inear feet	Date: 7	11/06		
PERMIT NO. 222	.32		Inspected	by:	Mul es	
			AG-20	53'x 60'	LEMSMLD M MORK-DAD	