

HTE # 06-5-14091

OPERATIONS PERMIT

Name: (owner) MARSHALL JOHNSON CONST. New Installation Septic Tank Repair

Property Location: SR# 1125 LEMUEL BLACK RD Nitrification Line Expansion
Subdivision CARLIE HILLS Fm Lot # 45 Tax ID # _____ Quadrant # _____

Contractor: OTIS STREKLAND 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 POLYSTYRENE AGGREGATE TRENCH

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-14 in.

French Drain Required: _____ Linear feet Date: 8/9/06

PERMIT NO. 22824 Inspected by: [Signature] ES

