HTE# 06-50014441

H__NETT COUNTY HEALTH DEPAI 1ENT ENVIRONMENTAL HEALTH SECTION

18637

OPERATIONS PERMIT

Name: (owner) HOH (Sn)t. Septic Tank Repair
Property Location: SR# 1/25 Subdivision Follows Lot # 32 Tax ID # Quadrant #
Contractor: 0. Ma.ch and Registration #
Basement with Plumbing: Garage:
Water Supply: Well Public Community Distance From Well: ft.
Following are the specifications for the sewage disposal system on above captioned property.
Type of system: \(\subseteq \text{Conventional & Other \(\frac{257}{3} \) Note that \(\frac{257}{3} \) Note \(\frac{257}{3} \) Note \(\frac{257}{3} \)
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of depth of ditches of each dit
French Drain Required: Linear feet Date: Date:
PERMIT NO. 22930 Inspected by: Q- AP
10° 10° 10° 10° 10° 10° 10° 10° 10° 10°