COUNTY HEALTH DEPARTMEN

NMENTAL HEALTH SECTION

18582

HTE # 06-500 145-62

OPERATIONS PERMIT

Name: (owner) My New (S. Name) New Installation Septic Tank Repair
Property Location: SR# 1/08 Nitrification Line Expansion Subdivision You h May 1/21 Lot # 73 Tax ID # Quadrant #
Contractor: Ted Baous 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: Conventional Other True Chips
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches ft. ditches ft. ditches in.
French Drain Required: Linear feet Date: 8-24-06 PERMIT NO 2 2 6 47 Inspected by: under the second s
PERMIT NO. 22647 Inspected by: Ja LAUS
Depoir 20' Merios 10 S Los Repoir 20 Jan 12' 130 12' 130