HTE#_08-503-20695 H ett County Department of Pub Health 20389 PERMIT #_24965 Name: (owner) Name: (owner) Subdivision Septic Tank Repair Nitrification Line Exproperty Location: Lot # Subdivision Subdivision Lot # Subdivision Registration Lot # Subdivision Lot # Lot # Subdivision Lot # Subdivi	
.05	2
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Maintenance: Subsurface system operator required? Yes \(\text{No Deration:} \) If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other:	. ver
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Oth	gallons

Subsurface
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