HTE# <u>68</u> -5	5-20130a H	larnett County D	epartment of Public	Health	
PERMIT # 25	034	01	<u>peration Permit</u>		22300
	and the second s	📜 New	Installation X Septic Tank X PERTY LOCATION: CREEKSY)	Nitrification Line	Repair Expansion
Name: (owner)	FAMILY Hom	IE CONST. S	UBDIVISION JANUN C		LOT # \&
	JOHN DIETON	·CH	_ Registration #		
Basement with plu		mber of Bedrooms 1	_ , , , , , ,		
Type of Water Su System Type:	pply: 🗆 Community 🔀 Pul	olic Well Distance fro	om well <u>\OO</u> feet Types V and VI Systems expi	o in E voors	
(In accordance wi	th Table V a)	Owner must	t contact Health Department 6 months	•	renewal.
•	,		ewage Treatment and Disposal, and all condition		
			House P	2EPAIR AREA	
			FULL E		
PERMIT CONDITION Performance		ordance with Rule 1961			
I. Monitoring:	•	rudice min haie ,1701.			
II. Maintenance					
	Subsurface system operator i	required? Yes 🔲 No 🔀 r additional operation conditions	maintanance and vanauting		
V. Operation:	•	r additional operation conditions	s, maintenance and reporting.		
/. Other:					
]	D-Box □	Pump □	Alarm □	H20Line □	PWR Lir
following are the	specifications for the sewage dispo	-			T TEST LIE
Type of system: [EZFLOW		gallons Pump Tani	к: gallons
Subsurface	No. of	exact length	width of	depth of	
Orainage Field	ditches	of each ditch 345	feet ditches	feet ditches _	1 d inches

DENS

French Drain Required: Linear feet Authorized State Agent_

Drainage Field

Date _