HTE# 13-5-3	30515R	larnett County Dep	partment of Public	Health	
PERMIT # 274	30_	New Inst	ration Permit  allation Septic Tank	Nitrification Line	$22916$ Repair $\square$ Expansion
System Installer: Basement with plumbin Type of Water Supply: System Type: (In accordance with Ta	THEORY ONS P og: ☐ Garage ☐ Nu ☐ Community ☐ Pu ble V a)	SUBCON SUBCONS COMPANY SUBCONS COMPANY SUBCONS COMPANY SUBCONS COMPANY SUBCONS COMPANY SUBCONS	RTY LOCATION:  OVERTIFIED OF STREET	in 5 years.	renewal.
		HOUSE	REPAIR 1 AREA 1 153	16 18	
PERMIT CONDITIONS:  I. Performance:  II. Monitoring:  III. Maintenance:  IV. Operation:	System shall perform in ac As required by Rule .1961. As required by Rule .1961. Subsurface system operator If yes, see attached sheet	Other:	naintenance and reporting.		
V. Other:	D-Box	Pump □	Alarm □	H20Line □	  PWR Lin
Following are the spec	ifications for the sewage disp	exact length of each ditch	property. _ ○ ~ V Septic Tank:	○○ gallons Pump Tanl	_

French Drain Required:

Authorized State Agent\_