## H NETT COUNTY HEALTH DEPAREMENT ENT

Nº 15638

OPERATIONS PERMIT New Installation Septic Tank Name: (owner) Nitrification Line Property Location: Quadrant #\_ TAX ID# \_\_ Registration # \_\_\_\_\_ Basement with Plumbing: Garage: Public Water Supply: ☐ Well ☐ Community Distance From Well: \_ Following are the specifications for the sewage disposal system on above captioned property. Conventional Type of system: Other\_ Pump Tank: \_\_\_\_\_ gallons Septic Tank: / gallons Size of tank: exact length Subsurface No. of width of of each ditch of ft. ditches Drainage Field ditches\_ \_\_\_ Linear feet French Drain: PERMIT NO Inspected by:\_ DAVE 60