

OPERATIONS PERMIT 01-5-2112

Name: (owner) Bob West New Installation Septic Tank
Property Location: SR# 1125 Repairs Nitrification Line
Subdivision Carlie Hills Lot # 9
TAX ID# _____ Quadrant # _____
Contractor: O. Strickland Registration # _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 55 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18 in.
French Drain: _____ Linear feet

PERMIT NO. 18381 Date: 5-1-02
Inspected by: Jon [Signature]
Environmental Health Specialist

