## HAR T COUNTY HEALTH DEPARTM ENVIRONMENTAL HEALTH SECTION

Nº 15142

## OPERATIONS PERMIT 01-5-2721

Name: (owner) In y reace New Installation Septic Tank
Property Location: SR# Repairs Nitrification Line
Subdivision PeAch TRee Lot # 152
TAX ID# Quadrant #
Contractor: Registration #
Basement with Plumbing: Garage:
Water Supply:
Distance From Well:ft.
Following are the specifications for the sewage disposal system on above captioned property.
Type of system: Conventional Other function to Conv.
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of depth of
Drainage Field ditches of each ditch of each ditches ft. ditches ft. ditches ft. ditches
French Drain: Linear feet
Date: 2-9-0
1524t
Inspected by: Finding Inspected by:
O Need)
10 Port
Algen Bx Check
Alaton Alaton
BxCrew
$\overline{30}$
2143
710