H NETT COUNTY HEALTH DEPAI ENT ENVIRONMENTAL HEALTH SECTION

Nº 15541

OPERATIONS PERMI New Installation Septic Tank Name: (owner) Property Location: SR# Nitrification Line Subdivision_ TAX ID# Quadrant #_ Contractor: Registration # Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public □ Community Distance From Well: Following are the specifications for the sewage disposal system on above captioned property. Type of system: Conventional Other_ Septic Tank: / gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of exact length of each ditch OTO ft. ditches Drainage Field ditches_ French Drain: ____ Linear feet Inspected by: nmental Health Specialist