## H NETT COUNTY HEALTH DEPAI ENT ENVIRONMENTAL HEALTH SECTION

Nº 15378

## **OPERATIONS PERMIT**

| Name: (owner) M              | ICHAEL JOHNSON               | )                          | New Installation            | Septic Tank              |
|------------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|
|                              | SR#2026 BYRO P.              |                            |                             |                          |
|                              | Subdivision BYRD Po          |                            |                             |                          |
|                              | TAX ID#                      |                            | Quadrant #                  |                          |
| Contractor:                  | TIS STRICKLAND               | <b>\</b>                   | Registration #              |                          |
| Basement with Plum           | bing:                        | Garage:                    |                             |                          |
| Water Supply:                | Well Public 🗆                | Community                  |                             |                          |
|                              | ft.                          |                            |                             |                          |
| Following are the sp         | pecifications for the sewag  | ge disposal sys            | tem on above captione       | ed property.             |
| Type of system:              | Conventional                 | Other                      |                             |                          |
| Size of tank:                | Septic Tank: 1000 gal        | lons Pu                    | mp Tank: ga                 | llons                    |
| Subsurface<br>Drainage Field | No. of exact lend of each of | ngth<br>ditch <u>25</u> ft | width of d. ditches 3 ft. d | epth of itches 12-14 in. |
| French Drain:                | Linear feet                  |                            | 1                           |                          |
|                              |                              | Date:                      | by: Environmental I         | <i>M</i>                 |
| PERMIT NO. 195               | 501                          | Inspected                  | by: Environmental F         | Health Specialist        |
|                              |                              |                            | f.P                         |                          |
|                              |                              | REF                        | 1                           |                          |