ARNETT COUNTY HEALTH DE TMENT ENVIRONMENTAL HEALTH SECTION

Nº 16030

OPERATIONS PERMIT

				0-5-567
Name: (owner)	2 Janella	wt.	New Installation	
Property Location: S	SR#		☐ Repairs	Nitrification Lin
S	Subdivision Wolf	nre	Lot #	
Г	TAX ID#		Quadrant #	
Contractor: V.C.	. Creter		Registration #	
Basement with Plumbi	ing:	Garage:		
Water Supply: Water Supply:	. /	Community		
Distance From Well: _	ft.			
Following are the spe	ecifications for the sewag	ge disposal sys	tem on above capti	oned property.
T	Conventional	Othor		
Type of system:	Conventional Geptic Tank:	· Oulei		
Subsurface M Drainage Field	No. of exact lend of each of			
French Drain:	Linear feet		6-11-25	
1.6	22.1	Date:	0-10-03	1 40
PERMIT NO.	1114	Inspected	by: Environment	al Health Specialist
			Environment	ai ricaitii Specianst
121 121	\$\frac{15'}{55'}		J p.vh	PunBAR
	Ri	Adva	Nev	