HTE 03-5-7667

## H. IETT COUNTY HEALTH DEPAR ENT

16996

## **OPERATIONS PERMIT**

| Name: (owner) HAMILTON, JERRY  | New Installation Septic Tank       |
|--|------------------------------------|
| Property Location: SR# 1291 LEE'S PLACE DR   | ☐ Repairs Nitrification Line       |
| Subdivision LEES PLACE   |                                    |
| Tax ID #   | Quadrant #                         |
| Contractor: LARRY SHARDE   | Registration #                     |
| Basement with Plumbing:  |                                    |
| Water Supply:  |                                    |
| Distance From Well:ft.   |                                    |
| Following are the specifications for the sewage disposal s   | ystem on above captioned property. |
| Type of system:  | AMBER SYSTEM                       |
| Size of tank: Septic Tank: gallons   | Pump Tank:gallons                  |
| Subsurface No. of exact length of each ditch of each ditch of each ditch substitution of each ditch su |                                    |
| French Drain Required:Linear feet  |                                    |
|  | Date: 7 32 64                      |
|  | Inspected by: Mill 188             |
| PERMIT NO. 21048   | Environmental Health Specialist    |

