нте 04-5-8736

H VETT COUNTY HEALTH DEPAR ENT

17086

OPERATIONS PERMIT

Name: (owner) H 9 H Constantation Ox Septic Tank
Property Location: SR# Repairs Nitrification Lin
Subdivision Wood Share Lot # 48
Tax ID # Quadrant # Contractor:
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:
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length of each ditches ft. width of ditches ft. depth of ditches ft. depth of ditches ft.
French Drain Required:Linear feet
Date: 5-25-54
PERMIT NO. 20657 Inspected by: Environmental Health Specialist Journal Turkington
75°