

HTE 04-5-9117

H. ETT COUNTY HEALTH DEPAR ENT
ENVIRONMENTAL HEALTH SECTION

17148

OPERATIONS PERMIT

Name: (owner) MICHAEL RAY New Installation Septic Tank
 Property Location: SR# 1291 Old US 421 Repairs Nitrification Line
 Subdivision MAMIE BELL RIDGE Lot # 49
 Tax ID # _____ Quadrant # _____
 Contractor: MIKE RAY Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other POLYSTYRENE AGGREGATE TRENCH

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 6/8/04

Inspected by: [Signature] Environmental Health Specialist

PERMIT NO. 20743

