

HTE # 04-5-9224

H. **ETT COUNTY HEALTH DEPAR** ENT
ENVIRONMENTAL HEALTH SECTION

17616

OPERATIONS PERMIT

Name: (owner) CAVINESS New Installation Septic Tank Repair

Property Location: SR# 1141 Nitrification Line Expansion
Subdivision The Summit Lot # 75 Tax ID # _____ Quadrant # _____

Contractor: D.C. CARTER Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community
Distance From Well: _____ ft.

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

Type of system: Conventional Other Timber Line

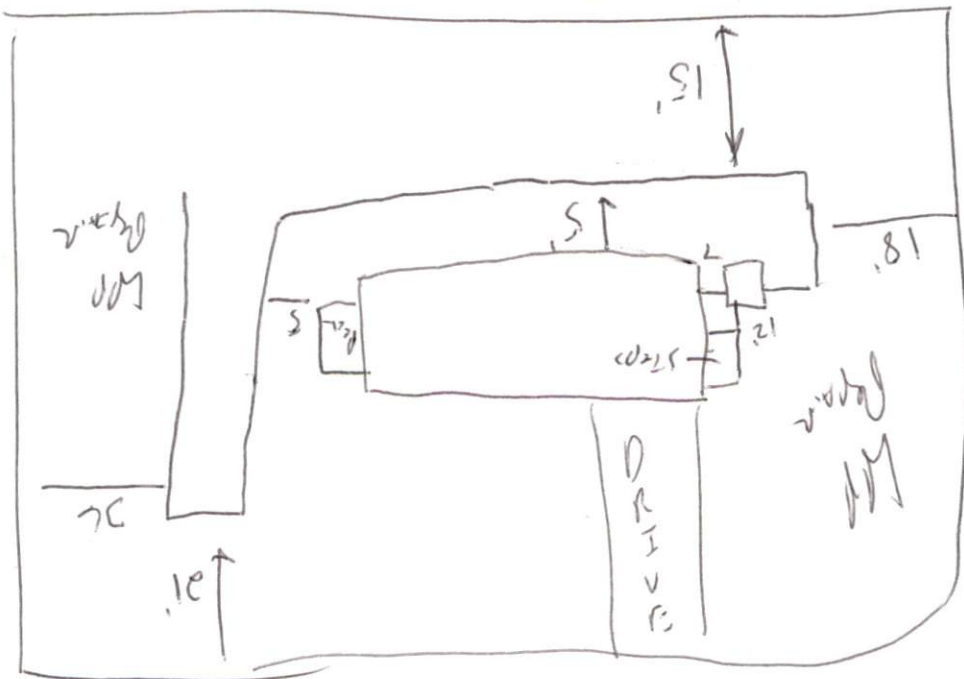
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet Date: 5-19-05

PERMIT NO. 20451 Inspected by: [Signature]

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SB-1000
SB-833



Timber Line