HTE 04-5-9226

## HAR T COUNTY HEALTH DEPARTMENTAL HEALTH SECTION

16937

## **OPERATIONS PERMIT**

		/	1
Name: (owner) M	ichae/Dyvss	New Installation	Soptic Tank
Property Location:	SR# 1412 Chacstern Light	Repairs	Nitrification Line
	Subdivision	_ Lot #	
	Tax ID #	Quadrant #	
Contractor: Tom	my Coley	Registration #	
	mbing:   Garage:		
	Well Public Community		
Distance From Wel	l:ft.		
Following are the	specifications for the sewage disposal system	n on above captioned p	roperty.
Type of system:	Conventional Other 25% 12	Redoction System	
Size of tank:	Septic Tank: 1000 gallons Pump	p Tank:gallons	
Subsurface Drainage Field	No. of exact length of each ditch 80 ft.	width of ditches3ft.	depth of ditches 20-22 in.
French Drain Requ	ired:Linear feet		
	Date	7-19-04	
		ected by: James 2 m	
PERMIT NO	Z6788		tal Health Specialist
	To HOME IS		

CHRISTIAN LIGHT PH

52 1412