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HE ETT COUNTY HEALTH DEPAR ENT

17205

OPERATIONS PERMIT

| Name: (owner) HOH Constanton | × |
|---|---------------------------------|
| | |
| Property Location: SR# | Repairs Nitrification Line |
| Subdivision Woodshire | Lot # _ 34 |
| Tax ID # | Quadrant # |
| Contractor: O. STRICK And | Registration # |
| Basement with Plumbing: Garage: | |
| Water Supply: | |
| Distance From Well: 59 ft. | |
| Following are the specifications for the sewage disposal system | m on above captioned property. |
| Type of system: | 175 Concertin |
| Size of tank: Septic Tank: gallons Pum | np Tank: gallons |
| Subsurface No. of of each ditch of each ditch ft. | width of 3 depth of 8-24in. |
| French Drain Required:Linear feet | |
| Date | 8-24-04 |
| T | pected by: |
| PERMIT NO. 2057 6 | Environmental Health Specialist |
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