HTE 04-5- 932

HAR TT COUNTY HEALTH DEPARTM E. . . . RONMENTAL HEALTH SECTION

17391

OPERATIONS PERMIT

Name: (owner) /ean) Worris Daildes	New Installation Septic Tank
Property Location: SR#	Repairs Nitrification Line
Subdivision / LATA TREE	Lot #
Tax ID,#	Quadrant #
Contractor: Ted Basin	Registration #
Basement with Plumbing:	
Water Supply:	
Distance From Well:ft.	
Following are the specifications for the sewage disposal system on above captioned property.	
Type of system:	Ch.ps
Size of tank: Septic Tank:gallons Pump Tank:gallons	
Subsurface No. of exact length of each ditch of each ditch.	width of depth of ditches fin.
French Drain Required:Linear feet	
Date:_	07-16-04
PERMIT NO. 2056 4 Inspect	ed by: Environmental Health Specialist
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