16725

OPERATIONS PERMIT

| Name: (owner) CAVINESS LAND DEVELOPMENT | | | | | New Installation | on Septic Tank |
|---|-------------|---------|---------------------|---|------------------------|--------------------------|
| Property Location: SR# 1117 NURSERY RO | | | | | ☐ Repairs | Nitrification Lin |
| Subdivision WOODSHIRE | | | | | Lot #41 | |
| Tax ID # | | | | | | |
| Contractor: DC CARTER | | | | | Registration # | |
| Basement with Plu | umbing: | | Garage | : 🖈 | | |
| Water Supply: | □ Well 🔀 Pu | blic | Commun | ity | | |
| Distance From We Following are the | | | age disposa | l system | on above captioned | property. |
| Type of system: | Convention | onal ` | Other_ | TRE C | 4162 | |
| Size of tank: | Septic Tan | k: 1000 | _gallons | Pump | Tank:gallon | S |
| Subsurface Drainage Field | | | | | width of ditches_ ≥ft. | * |
| French Drain Requ | uired: | Lir | ear feet | | | |
| | | | | Date: | 43700 | |
| | | | | Inspec | eted by: | 25 |
| PERMIT NO. | 20913 | | ← TO LE | MUEL BLAC | Environme | ental Health Specialist |
| | | 50' | 58° × 43° | ÷ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | + SYSTEM OH | ECKED BY OT REQUEST FORM |
| | | = | con. Repair area | | | |