

Attempt to Repair

OPERATIONS PERMIT

Name: (owner) Turner Bailey New Installation Septic Tank
 Property Location: SR# 789 Joel Johnson Rd. Repairs Nitrification Line
 Subdivision _____ Lot # _____
 TAXID# _____ Quadrant # _____
 Contractor: Offis Strickland Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

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

Type of system: Conventional Other _____
 Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of 1 exact length 200 width of 3 depth of 30
 ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.
 French Drain: _____ Linear feet

PERMIT NO. 16588 Date: 02 May 2000
 Inspected by: [Signature]
 Environmental Health Specialist

