## **OPERATIONS PERMIT**

| Name: (owner)                | Dillian Evers                               | New Installation                  | Septic Tank                 |
|------------------------------|---|-----------------------------------|-----------------------------|
| Property Location            | : SR#_////                                  | Repairs                           | Nitrification Lin           |
|                              | Subdivision Sera Ods                        | Lot#13                            | _                           |
|                              | TAX ID#                                     | Quadrant #                        |                             |
| Contractor:                  | 5' + Beckles                                | Registration #                    |                             |
| Basement with Plu            | umbing: Garage:                             |                                   |                             |
| Water Supply: [              | Well Public Community                       |                                   |                             |
| Distance From We             | ell:ft.                                     |                                   |                             |
| Following are the            | e specifications for the sewage disposal sy | stem on above captione            | ed property.                |
|                              |   |                                   |                             |
| Type of system:              | Conventional Other                          |                                   |                             |
| Size of tank:                | Septic Tank: 100 gallons                    | rump Tank: ga                     | llons                       |
| Subsurface<br>Drainage Field | No. of exact length of each ditch           | width of d<br>ft. ditches 3 ft. d | epth of itches in.          |
| French Drain:                | Linear feet                                 | 11                                |                             |
| PERMIT NO.                   | Date:                                       | d by: By M's Environmental I      | Fue 7.5.  Health Specialist |

