HTE # _____

IARNETT COUNTY HEALTH DI RTMENT ENVIRONMENTAL HEALTH SECTION

17804

OPERATIONS PERMIT

Name: (owner)					
Property Location: S Subdivision	R# Ray Rd Lot#	. Tax ID #	Nitrific	cation Line	pansion t #
Contractor:	ald Temple			Registration # _	
Basement with Plumbing: Garage:					
Water Supply: Well Public Community Distance From Well: ft.					
Following are the specifications for the sewage disposal system on above captioned property.					
Type of system: \square	Conventional [Other EZ F	=/ow		
Size of tank: Septic Tank: Ex: St. y gallons Pump Tank: gallons					
Subsurface Drainage Field	ditches 3	of each ditch 50	_ft. c	ditches 3 ft.	depth of ditches <u>76</u> in.
French Drain Require	ed: L	inear feet	Date: _	10/27/2005	
PERMIT NO. 2199			Inspecte	ed by:	refusi es

