

OPERATIONS PERMIT

Name: (owner) Sharon Alford New Installation Septic Tank
 Property Location: SR# Matthews Repairs Nitrification Line
 Subdivision _____ Lot # _____
 TAX ID# _____ Quadrant # _____
 Contractor: Mike Wood 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: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 18-20 in.
 French Drain: — Linear feet

Date: 9-17-97
 Inspected by: James E. Markham R.S.
 Environmental Health Specialist

PERMIT NO. _____

