OPERATIONS PERMIT

Name: (owner) _Pamela Johnson + Fred Fore_   ☑ New Installation   ☑ Septic Tank

Property Location: SR# _1516 Sheriff Johnson_   ☐ Repairs   ☑ Nitrification Line

Subdivision ___—___   Lot # _____

TAX ID#_____   Quadrant # _____

Contractor: _BENNIE DEAN_   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: _1800_ gallons   Pump Tank: _____ gallons

Subsurface Drainage Field	No. of ditches _3_	exact length of each ditch _70_ ft.	width of ditches _3_ ft.	depth of ditches _18-24_ in.

French Drain: ___—___ Linear feet

PERMIT NO. _15118_   SR 1516 Sheriff Johnson

Date: _11-20-88_

Inspected by: _James E Manharters_
Environmental Health Specialist