## HARI T COUNTY HEALTH DEPARTM ENVIRONMENTAL HEALTH SECTION

Nº 16146

## **OPERATIONS PERMIT**

| Name: (owner) SAM STEED  | ☐ New Installation ☐ Septic Tank                   |
|--|--|
| Property Location: SR# RIVER RO  | Repairs Nitrification Line                         |
| Subdivision  | Lot #  |
| TAX ID#  | Quadrant #   |
| Contractor: JOHNNY JONES   | Registration #                                     |
| Basement with Plumbing: Garage:  |  |
| Water Supply:  |  |
| Distance From Well: ft.  |  |
| Following are the specifications for the sewage disposal system on above captioned property. |  |
| Type of system: Conventional Other Power   | STYRENE AGGREGATE TRENCH                           |
| Size of tank: Septic Tank: Exist. gallons Pr   | ump Tank: gallons                                  |
| Subsurface No. of exact length of each ditch 75 f  | width of depth of the ditches 3 ft. ditches 24 in. |
| French Drain: Linear feet  | 1 10   |
| Date:  | 95/03  |
| PERMIT NO Inspected  | 1111 1111111111111111111111111111111111            |
| RIVER RD   |  |
|  |  |
|  |  |
|  | ANK  |
| 40   |  |
| C4   | EANOUT   |
| 30   |  |
|  |  |