HTE # REPAIR

HA ETT COUNTY HEALTH DEPAR' ENT

18688

OPERATIONS PERMIT

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Name: (owner) Ros	SER MANGUM	MAZELLE STERNERS W	New	Installation Septi	c Tank Repair
Property Location: Sl Subdivision	R# 1514 Ma	Tax ID#	Nitr	ification Line	xpansion nt #
Contractor: OTIS STRICKLAND				Registration #	
Basement with Plumb	ing:	Garage:			
Water Supply: W Distance From Well:					
Following are the sp	ecifications for	the sewage disposal	system	on above captioned	property.
Type of system:	Conventional	Other POLYSTY	DENE!	AGG. TRENCH	
Size of tank: Septic	Tank: <u>1000</u>	gallons Pump	Tank:	gallons	
Subsurface Drainage Field	No. of ditches 3	exact length of each ditch 75	_ft.	width of ditches 3 ft.	depth of ditches 24-18 in
French Drain Require	d:	Linear feet	Date:	7 24 06	
PERMIT NO. 3315	,21		Inspec	cted by:	Marco
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