ENT COUNTY HEALTH DEPAI ENT

Nº 15950

OPERATIONS PERMIT

| Name: (owner) | Sadie Burnet | + | | ☐ New Installation | ☐ Septic Tank |
|---------------------|-------------------|---------------|------------------------|------------------------|--------------------------|
| Property Location: | SR# 1443 | | | Repairs | Nitrification Line |
| | Subdivision | | | Lot #/ | _ |
| | TAX ID# | | | Quadrant # | |
| Contractor: | er Buckhoc | | | Registration # | |
| Basement with Plum | nbing: | Ga | rage: | | |
| Water Supply: | Well Pub | olic 🔲 Co | mmunity | | |
| Distance From Well | 50 | ft. | | | |
| Following are the s | pecifications for | the sewage di | sposal sys | stem on above captione | ed property. |
| | | | | | |
| Type of system: | Conventional | Oth | ner | | |
| Size of tank: | Septic Tank: Ex | (ist gallons | Pu | ımp Tank: ga | llons |
| Subsurface | No. of | exact length | 120 | width of de | epth of |
| Drainage Field | ditches | of each ditch | $\frac{1}{\sqrt{2}}$ f | t. ditches ft. d | itches so in. |
| PERMIT NO2 | | ar feet | Date: | (()) | L.S Health Specialist |
| | | | | W II | |
| | | | 5 /2 | | |

PL SA 1447