

HTE # _____

HAR T COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

18536

OPERATIONS PERMIT

Name: (owner) Brent Lambert ☐ New Installation ☐ Septic Tank ☒ Repair

Property Location: SR# 1443 Lambert Rd ☒ Nitrification Line ☐ Expansion

Subdivision _____ Lot # _____ Tax ID # _____ Quadrant # _____

Contractor: CLINT ADAMS 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 25% Reduction System

Size of tank: Septic Tank: Existing 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 24" x 18" x 12" in.

French Drain Required: — Linear feet

Date: 8-15-06

PERMIT NO. 23108

Inspected by Jane E. Markham

