HTE# Repair PERMIT # 2813  Name: (owner) System Installer:		<u>Op</u> □ New Ir PROP <u>Lnan</u> SU	epartment of Publi eration Permit stallation	Nitrification Line E	23673  Repair □ Expansion  LOT #
Basement with plumbi Type of Water Supply: System Type: (In accordance with T	Community Public	Owner must	Types V and VI Systems exp contact Health Department 6 month	ire in 5 years. s prior to expiration for perm	
* filter	- Wa/	DR HJG	Howe Jonny Rd.		
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:  IV. Operation:	System shall perform in accordance As required by Rule .1961. As required by Rule .1961. Other Subsurface system operator require If yes, see attached sheet for additional statements.	ed? Yes 🗆 No 🗆	maintenance and reporting.		
V. Other:  Following are the specific	D-Box	stem on the above caption			PWR Line
Type of system:  Subsurface Drainage Field	Conventional Other 2	exact length of each ditch _ 24 C	width of	gallons Pump To depth feet ditches	

Authorized State Agent Super Mc Socie REHS Date 5/28/2015

Linear feet

French Drain Required: