H NETT COUNTY HEALTH DEPAR ENT

Nº 14677

OPERATIONS PERMIT

DB-40000629 anghell Kulder & New Installation & Septic Tank Name: (owner) Nitrification Line Repairs Property Location: Lot#_ Subdivision Ouadrant # _____ TAX ID# Buckhol Registration #____ Contractor: _ Garage: Basement with Plumbing: Well Dublic ☐ Community Water Supply: Distance From Well: _ Following are the specifications for the sewage disposal system on above captioned property. **Conventional** Type of system: ☐ Other _____ Septic Tank: //// gallons Pump Tank: ____ gallons Size of tank: exact length 7 Subsurface No. of of each ditch Drainage Field Linear feet French Drain: _ Up blogger

ROAD