## HAP TTT COUNTY HEALTH DEPARTMENT E. /IRONMENTAL HEALTH SECTIO

№ 14166

## **OPERATIONS PERMIT**

Name: (owner) Property Location:	MAK Dev.  SR# Asy 27  Subdivision Arborecest	Repairs	Nitrification Line
	TAX ID#		
Contractor: M:	Re Ray	Registration #	
Basement with Plumbing: Garage:			
Water Supply:			
Distance From Well:ft.			
Following are the specifications for the sewage disposal system on above captioned property.			
Type of system:	Conventional		
Size of tank:	Septic Tank: $\sqrt{\alpha SC}$ gallons Pu		
Subsurface Drainage Field	No. of exact length of each ditch	width of ditchesft. d	lepth of litches 18 in.
French Drain:	Linear feet Date:	3/30/2000	4.6
PERMIT NO	72 L5 Inspected	Ihr Dana Mila	Health Specialist

