03-5-65 14

## NETT COUNTY HEALTH DEPAI LENT

Nº 15889

## **OPERATIONS PERMIT**

| Name: (owner)  | BOBBY RAY PLEASANT                       | New Installation Sentic Tank        |
|--|--|-------------------------------------|
| Property I ocation:  | SP# 2035 STOCKYARD RO                    | Repairs Nitrification Line          |
| Troperty Location.   | Subdivision Stackyago Est.               | Repairs Numeation Line              |
|  |  |                                     |
|  | TAX ID#                                  |                                     |
| Contractor: HAL BROWN  |  | 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: 1000 gallons Pu             | mp Tank: gallons                    |
| Subsurface<br>Drainage Field   | No. of exact length of each ditch 400 ft | width of depth of t. ditches 18 in. |
| French Drain:  | Linear feet                              |                                     |
| Date: 5 3 03   |  |                                     |
| PERMIT NO. 198   | Inspected                                | I WILL WE WALL OF VI                |
|  | 9,110                                    | Environmental Health Specialist     |
|  | CONV.                                    | *CHANGED TO ONE                     |
|  | REPAIR.                                  | LINE DUE TO                         |
|  | 1  | DRIVENAY PLACEMEN                   |
|  |  |                                     |
|  |  |                                     |