I NETT COUNTY HEALTH DEPA IENT
ENVIRONMENTAL HEALTH SEC ION

16640

HTE ~~05-50-118~~
05-5-011184R

OPERATIONS PERMIT

Name: (owner) Derby & Margaret Allen ☑ New Installation ☑ Septic Tank

Property Location: SR# NCSR (Bullard Rd ☐ Repairs ☑ Nitrification Line

Subdivision _____ Lot # —

Tax ID # _____ Quadrant # _____

Contractor: Larry Sharpe Registration # _____

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☑ Public ☐ Community

Distance From Well: _____ ft.

Following are the specifications for the sewage disposal system on above captioned property.

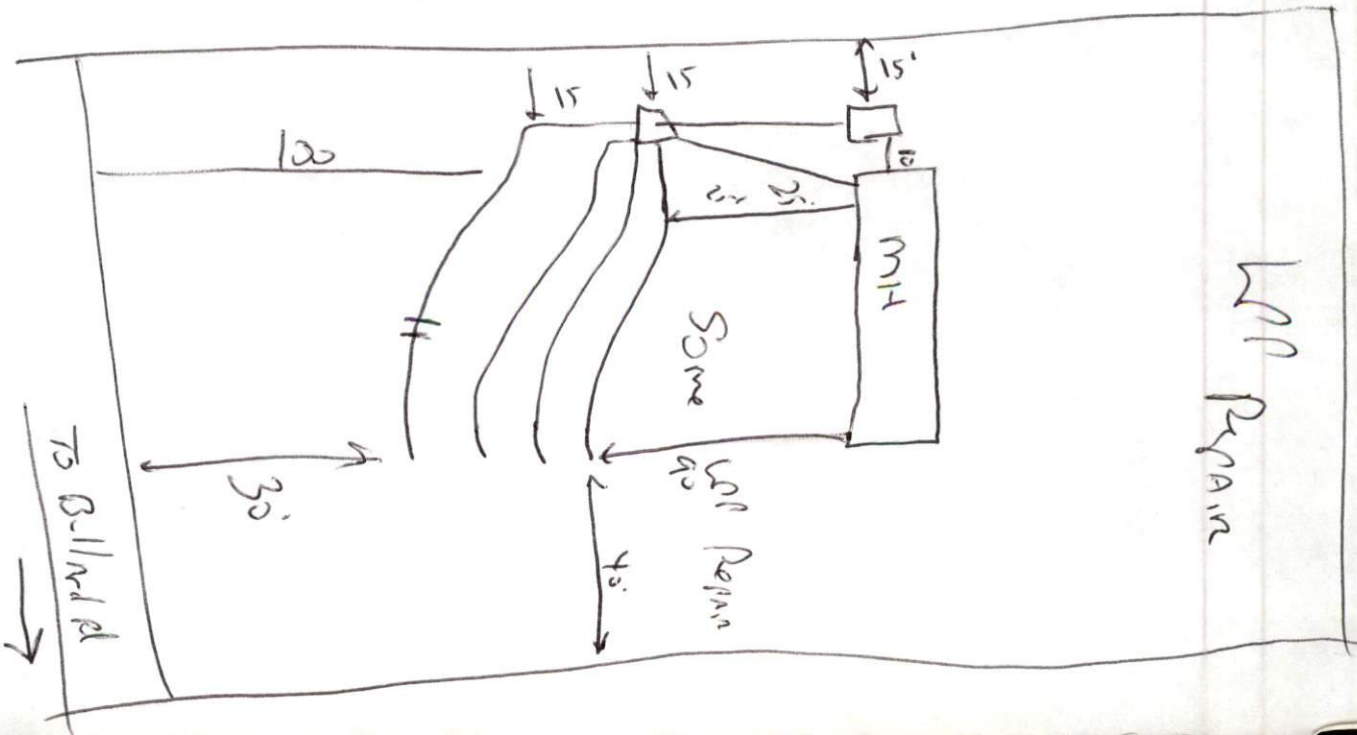
Type of system: ☐ Conventional ☑ Other 25% Reduction SYSTEM Infiltrator Quick 4

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. of chamber width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: _____ Linear feet

Date: 3-31-05

Inspected by: _____
Environmental Health Specialist

PERMIT NO. 21913