HTE # 05-5 11359

## HA ETT COUNTY HEALTH DEPAR ENT LINVIRONMENTAL HEALTH SECTION

17578

## **OPERATIONS PERMIT**

Name: (owner)
Property Location: SR# Huy 21/27 A Nitrification Line Expansion Subdivision The High Lands Lot # 2 Tax ID # Quadrant # Quadrant #
Contractor: Registration # 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 Time Chips
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of exact length width of depth of ditches ft. ditches ft. depth of ditches ft.
French Drain Required: Linear feet Date: Date:
PERMIT NO. 21754 Inspected by: 9~ WRS
Perant DM for Time Chips
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