HTE# 10-56			Operation	nt of Public Healt <u>Permit</u>		
Name: (owner)	ing: Garage Cr. Community X	Number of Bedrooms	New Installation PROPERTY LOCATI SUBDIVISION Registration tance from well Types ner must contact Health	Septic Tank Repair ON: ROBERT RO UNIL CREEK # feet and VI Systems expire in 5 years. Department 6 months prior to expi	LOT #	ŧ <u>32</u>
a system may been mod	460	REPAIR AREN AREN	SX 15T INC HOME	Disposal, and all conditions of the Improve	ment Permit and Construction Authori	zation.
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	As required by Rule .1961 As required by Rule .1961 Subsurface system operato	. Other: No 🔀				
IV. Operation: V. Other:	If yes, see attached sheet	for additional operation co	nditions, maintenance an	f reporting.		

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

Conventional X Other TIZE CHIPS Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field 200 ditches 34-36 inches of each ditch _ ditches French Drain Required: Authorized State Agent_