17080101978 HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENTS PERMIT \square AUTHORIZATION TO CONSTRUCT otinFOR INSTALLATION INSPECTION CALL 694-6043 BETWEEN 7AM-8AM AC-34860 OP-5113 (PEPAIR) _____ Date 2-28-17 Owner SENEMY ABEE Property Address //7 Donne Dr. Repair 2 New Construction Lot No. Development Addition 🖵 Pre-Existing Tank Location: KANUGA RD. TL DORNE DRIVE SEE-EXISTING EPS (Aust PAST BEAUMONIT EGT. 5) BEAN System Classification 595/2m System Type Linear Footage Mobile Home_____ Business _ Residence Min. Tank Size _____ Other Sq. Ft. Drainfield Bedrooms Max. Trench Bottom Depth on Low No. Employees Design Flow GPD 360 Side of Trench Lot Size 1,60 Ar Permit valid for 5 years from date of Basement: Yes No Basement Plumbing: Yes No D Water Supply: City D Individual Shared D Community D Repairs to be completed within WI# PE 30 days. Other Owner's Signature ____ Environmental Health Specialist **VALID ONLY FOR USE AS DESCRIBED ABOVE—DRAWING NOT TO SCALE ☐ SAPROLITE SYSTEM ☐ SYSTEM TO BE INSTALLED FIRST_ * CLEM WATER 15 SURFACING ABOVE 2ND TRENCH (1) INSPECT ALL FIXNAES FOR COMES & RESAIN HOUSE #117 IF NECESSARY. WINNCOVER EACH Cross-oven fire & CONFIRM THAT THE BOTTOM OF THE PIPE IS EVON WITH ON HIGHER THAN THE TOP OF ESS MATERIA - (LETVE OPEN DRIVEWAY FOR INSPECTIONS) (3) PACK CLAY TIGHTLY ANOUND (NOSS-OVER PIPES AFTER INSPECTION. (4) REPLACE OWNET TEE IN TINK MANNAMA IF HEEDED, SURFACING HERE ~ WAGH CLOTHES ON ALTERNATING DAYS TO PREVENT FLOODING DRAINFIELD, (6) IF THIS DOES NOT PEPAIN SYSTEM A PENMIT WILL BE ISSUED FOR A NEW DRAINFIELD -* PLEASE CARL IF QUESTIONS * * SEE ATTACKED COPY OF 1999 REPAIR PERMIT X

OP No . 5113 HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH **OPERATIONS PERMIT** AC No. 34860 __ Date_6 Oct 99 Owner Diane M'Clung REPAIRS Building Contractor 3000 Kanuga Rd. WINO. _ PE Septic Tank Installer B. 5: -- psan Shared Lot No. _____ Development _ ☑ Individual ☐ City T/L Dorne Drive. Location ___ Tank Size 50m 1000 . Gal. 1st drive Drainfield 600 equiv Sq. Ft. -Stone Depth 150 € PS Inches Mobile Home House System Type FPS Other _ ____ Design Flow GPD ___ 3 60 No. Bedrooms 3 Min. System Review Frequency Lot Size _ Owner's Signature Issued By: Environmental Health Specialist **VALID ON** 26ti Well **DRAWING NOT TO SCALE** House sewer replaced from Tank to foundation House Porch FRONT 26'sch 40 pupod y filled o oak David 7500 DRIVE PIL