HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH 18120120112 **OPERATIONS PERMIT Permit Number** Owner CMH Hones Date 9/20/21 Property Address Stone Rilge Tel Septic Tank Installer David Capps Cert # 5843 **Associated Permits** Lot No. — Development WI- NYAF Mobile Home □ System Classification ________ House 🖾 System Type Charbers Other No. Bedrooms 3 Design Flow 360 Quantity/Linear Footage 3'x Zoo' No. Employees Lot Size 5.04 AC Tank Size 1000 get (plastic) Drainfield ______ Sq.Ft. Installer's Signature Could-19
Installation: Min. System Review Frequency — Date: 7/15/2020 Final Issued By: Saprolite □ yes A no VALID ONLY FOR USE AS DESCRIBED ABOVE DRAWING NOT TO SCALE 57 +10' 63' 16 1101 80' 1.10 114