

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: Concrete Manufacturer: Tolin

Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.

☒ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ feet.

☐ Gravel Trench Width: \_\_\_\_\_ inches, or Gravelless Pipe Diameter: \_\_\_\_\_ inches.

☐ If Chamber System: Manufacturer: Tolin, Number of Chambers: 30.

☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: \_\_\_\_\_ feet by Width: \_\_\_\_\_ feet, or if Chamber System,

Manufacturer: \_\_\_\_\_, Number of Chambers: \_\_\_\_\_.

Distances (to nearest):

Septic Tank to: Building Foundation: 45 feet, Property Line: 100<sup>+</sup> feet, Water Supply: 100<sup>+</sup> feet.

Absorption Field to: Building Foundation: 45 feet, Property Line: 100<sup>+</sup> feet, Water Supply: 100<sup>+</sup> feet.

Materials:

The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: Billy A. Hart

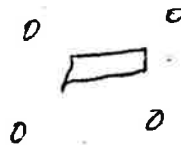
Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- ⊙ Percolation test site
- Property line
- ⊗ Residence or facility served
- ST Septic Tank
- Soil absorption lines
- |||| Trees
- ⊗ Water source
- X- Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

Sketch of proposed system:

Lot 83



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: \_\_\_\_\_

Date Site Evaluated: \_\_\_\_\_

Received From: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date fee paid: \_\_\_\_\_

Permit: ☐ Issued ☐ Denied Permit No.: \_\_\_\_\_