NEW

LINCOLN COUNTY
SEPTIC SYSTEM PERMIT NO. tr/s 1

ISSUED TO: James Call DATE: 4-13-83

ADDRESS: [redacted] PHONE:

ISSUED BY (sign.) John W. Peterson, R.S.

INSPECTION BY (sign.) _____ DATE: _____

(You must notify the Department of Environmental Health a minimum of 8 working day hours before backfilling the septic system, so that it can be inspected.)

CONTRACTOR: L & L.

DESCRIPTION OF SYSTEM:

LOCATION OF PROPOSED SYSTEM Angel Island Block 3 Lot 28

SEPTIC TANK 1000 gal. ABSORPTION AREA: _____ ft²

SEWAGE DISCHARGE - gal/day No. OF BEDROOMS 2 - 1 bdrm trls.

WATER SUPPLY SOURCE Community SOIL Silt - some gravel SLOPE 2-3%

INSTRUCTIONS: Construct a seepage bed as per lot layout and attached diagram. Slope of pipe in bed should be 0%

SKETCH OF LOT LAYOUT:

