

**HUNTINGTON COUNTY
DEPARTMENT OF HEALTH**

**Permit/Application
Residential Sewage Disposal System**

Permit Number 2742
Date Issued 6-9-05
Twp. Jackson
Sec. _____ Map# _____

Name of Applicant Betty Briggs Location of Property 3188E 675N
Present Mailing Address _____ Phone _____
New System _____ Repair System X Expand System _____

Soil Evaluation:

Date of Soil Survey 1-31-05 Report Attached: Yes X No _____
No. of Bedrooms 3 Basement _____ Distance to nearest city sewer _____

Septic Tank:

Distance to nearest well 504 ft. To nearest dwelling 10 ft. To property line 504 ft.
Working capacity of septic tank 4000 gal. 2-comp. Dosing tank N/A gal.
ALL wastewater, including sinks, laundry and basement waste is to discharge into septic tank. Effluent from the septic tank is to discharge into the absorption field specified. No eave spouting or sump pump water in septic tank.

Absorption Area:

Distance to nearest well 504 ft. To nearest dwelling 204 ft. To property line 104 ft.
Perimeter drain at N/A in. Upslope side _____ or Surround whole system _____
* Total square feet 1,200 Total lineal feet 400
Trench depth 16 in. Trench width 36 in. Effluent pump: N/A
Subsurface Trench System: Above Ground System:
Gravity Flow X Alternating Fields _____ Elevated Sand Mound _____
Flood Dosing _____ Pressure Distribution _____ At-Grade Pressure Dist. _____
EZ Flow System

I hereby certify that the sewage system for the above location will be installed in compliance with the regulations of the Huntington County Health Department and the Indiana State Department of Health. I shall notify the Huntington County Health Department when the work is ready for final inspection and at least forty-eight (48) hours or two (2) working days **BEFORE** any subsurface portions are to be covered.

X Betty Briggs Date 6/9/05
Signature of Applicant/Agent

This permit is approved and will expire one (1) year from date of issuance. This permit is subject to the conditions listed on the back side of this form.

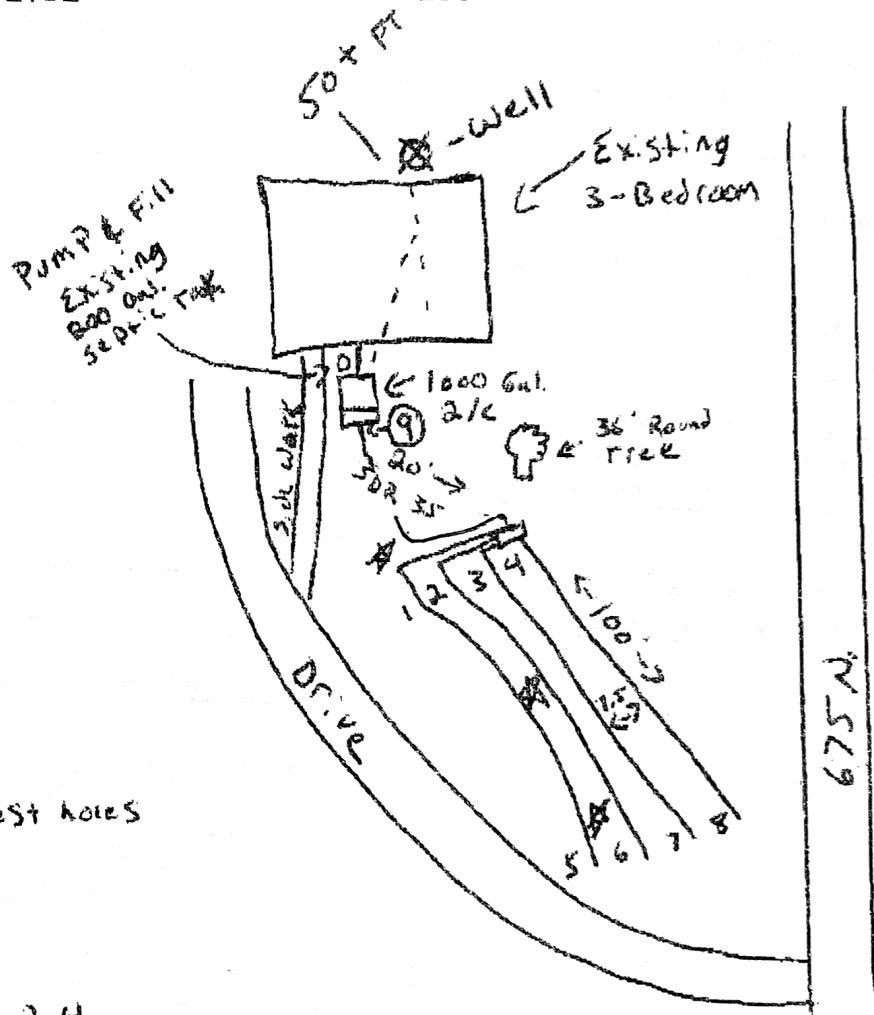
Mel J. Metz Date 6/9/05
Signature of Health Officer/Designee

The Huntington County Health Dept. does not guarantee trouble free operation of said system. The property owner assumes full liability for any nuisance or health hazard that might result from future system failure.

Installer Parko/Wolf
Address _____
Date Inspected 6-20-05
Inspected By Mel Metz

Pasko, Wolf Excavating Inc.
 416 N - 300 E
 Huntington, Indiana 46750
 (219) 758-2752
Installer

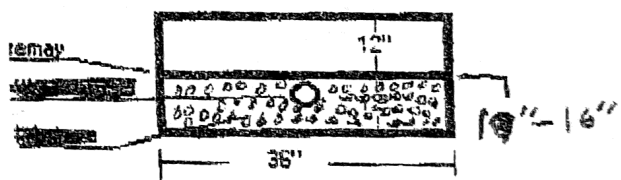
Betty Briggs
 3188 E 675N
 Huntington IN 46750
 260-672-2597



★ = Soil Test holes

- 1 - 2.5
- 2 - 2.4
- 3 - 2.2
- 4 - 2.1
- 5 - 2.4
- 6 - 2.4
- 7 - 2.2
- 8 - 2.1

⑨ - 3.6



EZ - FLOW SYSTEM
 40 - 10' UNITS
 3 - Bedroom