FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
APPLICANT:		OWNER:	
TELEPHONE:			
COMMENT:		DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
LOCATION / DIRECTIONS:			
FEE:		SIGNATURE OR OWNER OR AUTHORIZED AGENT:	

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO: TEXTURE: STRUCTURE: DEPTH:

K. HOR: SOIL WET: AVAIL. SP: OTHER:

WIDTH: OVERALL: LTAR:

PRECIPH: GPD: DISPOSAL: TYPE SYS:

SZ. TANK: SZ. CHAMB: NITETP1: TYPE WAT:

SITE LOC: MAX TRENCH DEP: TYP. PAC:

REMARKS:

GCP-900
5713-70
James Madden

IMPROVEMENT PERMIT DATE: ENV HEALTH SPEC:

CONSTRUCTION AUTHORIZATION DATE: ENV HEALTH SPEC:

OPERATION PERMIT DATE: 9-18-98 ENV HEALTH SPEC: