INYO-LT. COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System — 18 A.A.C. Chapter 5, Article 13)

11965

OWNER OR CONTRACTOR WILLIAM JOHNSON Date 8/2/90 PERMIT NO 90-A-17

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MOONEY DR, TR PENOR RD, ON (L) ~ .5 MI
UNDER POLE LINES

S. R. No. _____

SUBDIVISION NAME _____ LOT NO _____ SECTION OR RECORD NO _____

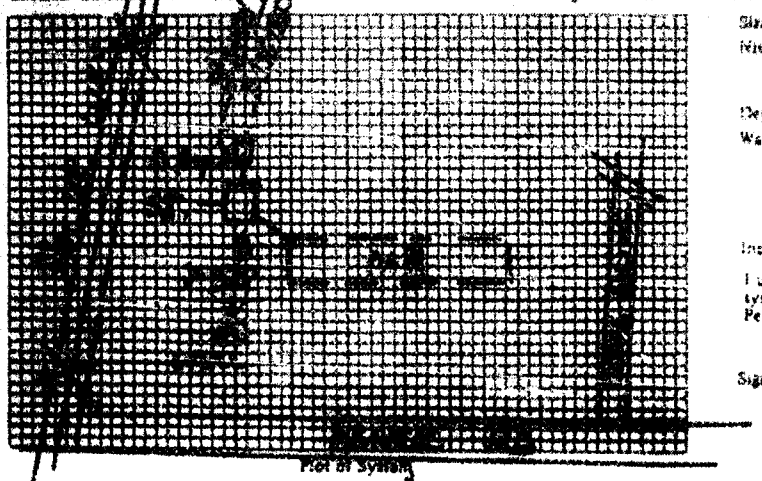
House ( ) Mobile Home (L✓) Business ( ) Other SHED FOR 3 BR HOUSE

No. Bedrooms 3 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ≈7.82 RT

Character & Porosity of Soil PS
Percolation Rate 4
Topography 4-6
Depth to Water Table 24'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

STB 9/5/90



Plot of System

Size of Tank 1000 Gals.
Distribution Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by JOHN MENSCER

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed _____

IMPROVEMENTS PERMIT BY STEVE MADRICK

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE MADRICK DATE 10/2/90

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit

Health Dept. Copy White Inspection Dept. Copy Yellow Sanitarian's Copy Pink Owner's Copy Gold

JAN. 3, 1989 6:52