

Septic Tank 1000 Gals.
 Disp. Field 200' L.F.T
 Other _____
 New _____
 Repair _____

NORTHEAST TRI-COUNTY HEALTH DISTRICT

Division of Environmental Health

- Colville Office, Box 270, Phone 684-2262
- Newport Office, Box 490, Phone 447-3131
- Republic Office, Box 584, Phone 775-3161

Permit No. N-7263

Fee Paid \$150.00

Receipt No. 882458

** Inlet not installed*

GREG & CAROLYN KOHN is hereby authorized to utilize a sewage disposal

system at LOT 5, BLOCK 1, GREGG'S 5TH, SEC. 36, T11P. 32, R3E. 44 and in accordance with the plans and specifications approved by the District Health Officer on file in this office.

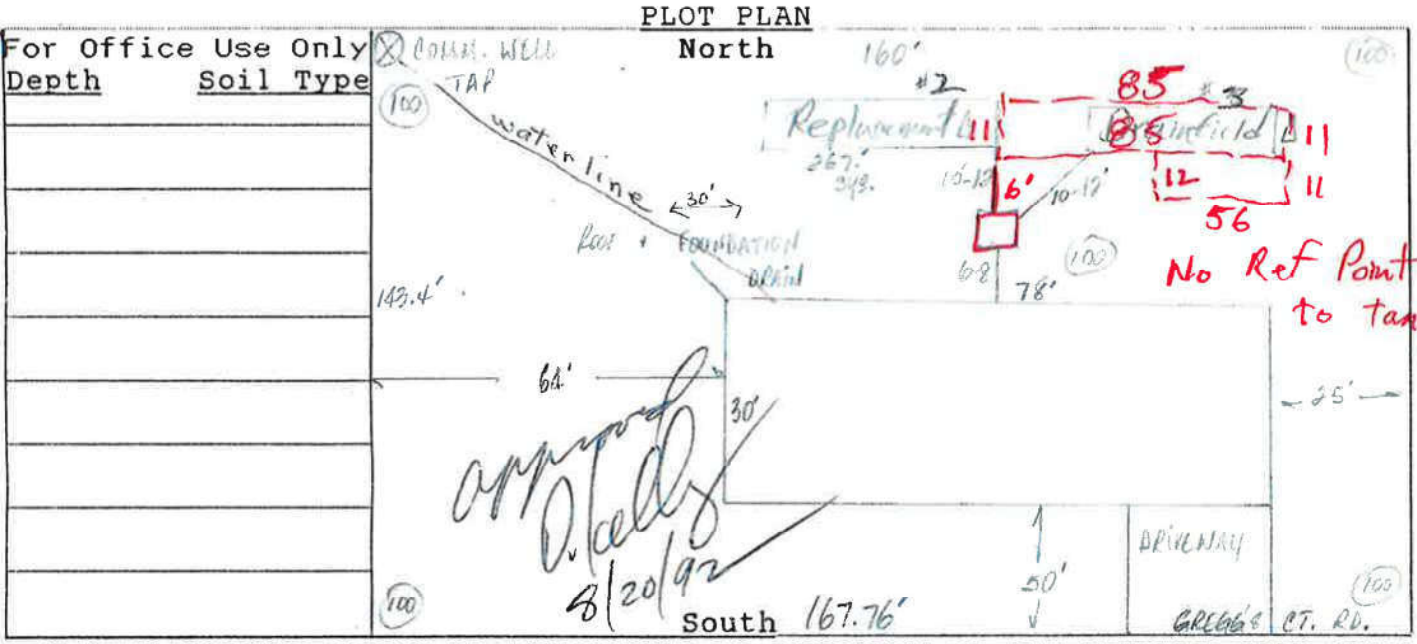
Any major repairs or alterations to the system shall be reported to the Northeast Tri-County Health District (Division of Environmental Health) for approval PRIOR to construction.

This permit is issued and may be revoked by the Northeast Tri-County Health District Health Officer by the authority of WAC 248-96, and Rules and Regulations established by the Board pursuant to RCW 70.05.

Witness my hand and seal this 20th day of ASD, 1992

Date of Inspection * 8/26/92 D. Kelly
E.W. Gray MD
 District Health Officer

Type of System: X new repair/replacement Water Supply: X public/community private(one connection)
 Type of Structure: X residential commercial Design Criteria: # bedrooms 2 other _____
 Septic Tank: Capacity 1000 Gal. Drainfield: Total Linear Feet 867
 Material concrete Trench Depth 2.5 Ft. Trench Width 3 Ft.



170
45
56
271

PLEASE PROVIDE DETAILED DIRECTIONS TO PROPERTY ON THE REVERSE SIDE FORM

If you hire someone to install all or part of this system, including any excavation work, they must have a current sewage installer certificate issued by Northeast Tri-County Health District.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT:
 Applicant Signature Greg Kelly Date _____ Phone 447-2600
 Name of Certified Installer JIM HUGHES License # _____

FOR OFFICE USE ONLY

Date Received _____ Fee \$ _____ Rec. # _____

NETCHD Approval:	Planning Dept.:
Legal _____	Floodplain _____
Soil Log _____	Shoreline _____
Plot Plan _____	Planning Dist. _____
Permit issued _____	Platting _____
Final insp _____	SEPA _____

Comments: _____