SK 4316

Septic Tank 1000 Gals.

Disp. Field _____ L.F.T

Other 600 sq/ ft. absorption bed

(X) New _____

( ) Repair _____

NORTHEAST TRI-COUNTY HEALTH DISTRICT

Division of Environmental Health

(X) Colville Office, Box 270, Phone 684-2262

( ) Newport Office, Box 490, Phone 447-3175

( ) Republic Office, Box 584, Phone 775-3161

Permit No. 03897

Fee Paid $75.00 REC. #8584A

C03897

27-33-39

WACHTENDORF, Arthur is hereby authorized to utilize a sewage disposal system at W½ NE¼ NW¼; NW¼ NW¼ of Sec. 27, Twp. 33, Rge. 39 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.

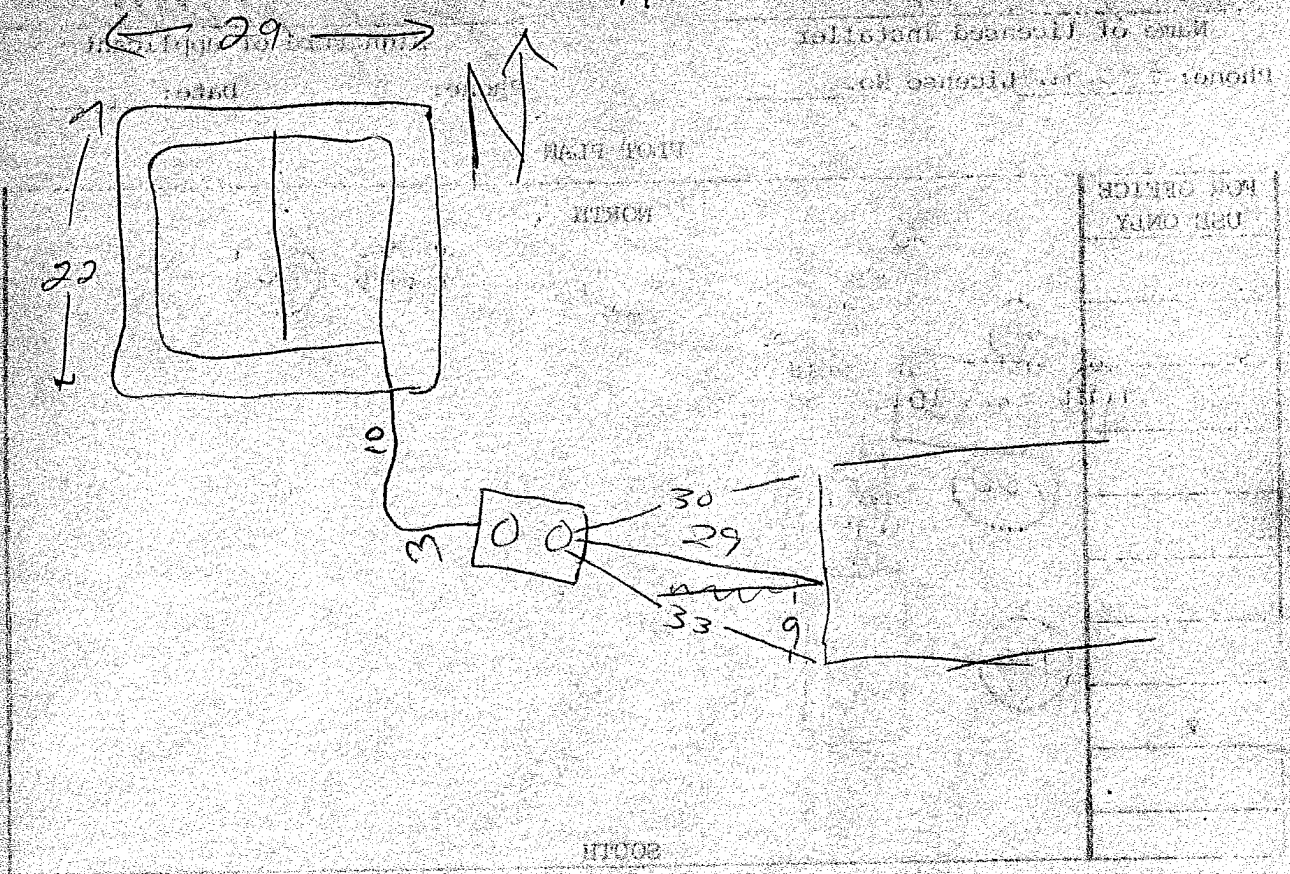
Witness my hand and seal this 17 day of August, 19 84.

Date of Inspection 8/21/84

[signature], M.D.

District Health Officer

D.P. FORM NO. 19PS-2

SR4316

NW NW