HARNE'

OUNTY HEALTH DEPARTMENT
JMENTAL HEALTH SECTION

Nº08959 "

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) TG Baken	New Installation Septic Tank
Property Location: SR# HWY 4 Z	☐ Repairs ☐ Nitrification Line
Subdivision	Lot # _ 3A
TAX ID#	Quadrant #
Contractor: JASON Matthews	Registration # / 36
Basement with Plumbing: □ Garage: □	
Water Supply: □ Well ☑ Public □ Community	
Distance From Well: ft.	
Following are the specifications for the sewage dispose	al system on above captioned property.
Type of system: ☐ Conventional ☐ Other	
Size of tank: Septic Tank: 1000 gallons Pump	Tank: gallons
Subsurface No. of exact length of each ditch 133	width of the ditches
French Drain: Linear feet	
Da	te: 5-3-96
PERMIT NO/ 0890 Ins	spected by: James Martanta
	Environmental Health Specialist

