CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner)	TAMMY T. Della Monica : SR# 1265 Cool Springs A	4 New Installation	Septic Tank
Property Location	: SR# 1265 Cool Springs A	Repairs	Nitrification Line
	Subdivision		
	TAX ID#	Quadrant #	
Contractor: W	· Sharpe	Registration #	
Basement with Pl	umbing: Garage: G		
Water Supply: 🗡	Well Dublic Con	nmunity	
Distance From We	ell: ft.		
Following are th	ne specifications for the sewage	disposal system on above c	aptioned property.
Type of system:	Conventional Other		
	ptic Tank: 40 gallons		ns
Subsurface Drainage Field	No. of ditches/ exact length of each ditch		
French Drain:	Linear feet	Date: 11-30-9	5
PERMIT NO)8695	Inspected by:	T ARL
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		Environmental	Health Specialist
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