ARNETT COUNTY HEALTH DEPA: IENT

Certificate of Completion

Nº 4145

5	0				Angue		
Owner	(MUST B	E FILLED IN)		Address	1 vingues	(MAILING ADDRES	s)
Contractor	Same			_Address	111		
Location of Pres	mises Ben	ton Place	2 Lot	#36		(MAILING ADDRES	5)
		5R 150	REET OR ROA	D NAME OR NUM	BER, LOT NO.)	
		Deta	ils of Sept	tic Tank Syste	em		
Kind of Material for Tank:	Concrete		Other				
Size of Tank:	Capacity 10	O O Gallons					
	No. of Oitches	Exact Length _of each Ditch _	100	Width ofFt. Ditches	3	Depth ofFt. Ditches	22-24 Inche
Square Feet in Ab	osorption Field	9			11	Surface Dr Required	rainage Linea
				Inspected by	- M	(SANITARIAN)	
Permit No	456	1		Date 25	Apr	90	
Ond.	_/						

