HARNE COUNTY HEALTH DEPARTMENT NMENTAL HEALTH SECTION

Nº 6145

## CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

	nny Morris	New Installation	n Septic Tank
Name: (owner) Do Property Location: SR#	1201	□ Repairs	Nitrification Line
		Lot # 20	
Contractor: Ted Bro	ow_	Registration #	14
Basement with Plumbing:			
Water Supply:   Well	Public Com	munity	
Distance From Well:	ft.		
Following are the specificat	tions for the sewage of	disposal system on abov	e captioned property.
Type of system: Convention	al Other		
Size of tank: Septic Tank: _		Service and the service of the servi	llons
Subsurface No. of Drainage Field ditches			
	Linear feet		
1722		Date: 12/3/4	12
RMIT NO. 6727		Inspected by:: MI	Le Eaker
	Ryan Ca	Area onv.	