CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

| Name: (owner) William Jolly New Installation | |
|--|-------------------------|
| Property Location: SR# on Carl Chind and 137 Repairs | ☐ Nitrification Line |
| Subdivision care of Bonestead: Lot # | |
| | |
| Contractor: Registration # 17 | , |
| Basement with Plumbing: Garage: | |
| Water Supply: Well Public Community | |
| Distance From Well: ft. | |
| Following are the specifications for the sewage disposal system on above ca | aptioned property. |
| Type of system: Conventional Other | _ |
| Size of tank: Septic Tank: 1000 gallons Pump Tank: gallon | s |
| Subsurface No. of exact length width of Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. | depth of ditches 24 in. |
| French Drain: Linear feet | |
| PERMIT NO/0/13 Inspected by:: Qames C | 96 |
| PERMIT NO. 10113 Inspected by:: Oames C | MANhart |
| Environmental 1 | Health Specialist |
| | |
| | |
| , o - o - o - o - o - o - o - o - o - o | |
| | |
| | |
| - CANS 1-17 | |
| Brave | |
| Dia | |
| | |
| | |
| | |
| å E | |
| 7 | |
| 3 | |
| Cocces such | |
| | |
| | |

SR 1532