

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Bill Jones Tr New Installation Septic Tank
 Property Location: SR# 1260 Repairs Nitrification Line
 Subdivision _____ Lot # _____
 TAX ID# _____ Quadrant # _____
 Contractor: W. Sharpe Registration # _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 min ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 24 in.
 French Drain: _____ Linear feet

PERMIT NO. 09030

Date: 5-9-96
 Inspected by: J. Waters

Environmental Health Specialist

