

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Vanessa Jones New Installation Septic Tank
Property Location: SR# 1563 Bill Avery Rd Repairs Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: Mike Ray Registration # _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ 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 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18.24 in.
French Drain: _____ Linear feet

PERMIT NO. 10913

Date: 5/17/95
Inspected by: Chris Astey, R.S.
Environmental Health Specialist



Bill Avery Rd