

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Bob West New Installation Septic Tank
Property Location: SR# _____ Repairs Nitrification Line
Subdivision Brandywood Lot # 14
TAX ID# _____ Quadrant # _____
Contractor: Wayne Sharp 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 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.
French Drain: _____ Linear feet

PERMIT NO. 10619

Date: 4/18/95
Inspected by: Ch. Asker
Environmental Health Specialist

