TRNETT COUNTY HEALTH DEPARTMENT

Certificate of Completion

No -

3803

| wner Carry Orac Cuy | Address | Part State of | (MAILING ADDRESS) | |
|---|--------------------------|---------------|---------------------------|---------------|
| ContractorB (MUST BE FILLED IN) | Address | | (MAILING ADDRESS) | |
| ocation of Premises The Township | (at 770 | | (MAILING ADDRESS) | |
| | T OR ROAD NAME OR NUMB | ER, LOT NO.) | | |
| Details | of Septic Tank Systen | 1 | | |
| Cind of Material or Tank: Concrete | er | | | |
| ubsurface No. of Exact Length of each Ditch | 8 > Width of Ft. Ditches | 3 | Depth of 29 Ft. Ditches | Inches |
| quare Feet in Absorption Field 486 | | | Surface Drainage Required | Linear Ft. |
| | Inspected by_ | Mike | (SANITARIAN) | |
| Permit No | | 4/88 | | |

