

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) MIKE STURDIVANT New Installation Septic Tank
Property Location: SR# OFF 421 Repairs Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: Kenneth Weekes Registration # 36
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50+ ft.

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

Type of system: Conventional Other EXISTING
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 18-24 in.
French Drain: _____ Linear feet

PERMIT NO. 10448

Date: 4-21-95
Inspected by: James E. Mandate
Environmental Health Specialist

