

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Laborn Sullivan New Installation Septic Tank
Property Location: SR# _____ Repairs Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: David Meadows Registration # _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 100 ft.

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

Type of system: Conventional Other _____
Size of tank: Septic Tank: _____ gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-30 in.
French Drain: _____ Linear feet

PERMIT NO. 10143 Date: 3/23/95
Inspected by: Chris Aske
Environmental Health Specialist

Will Lucas Rd

