

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Chester Beard New Installation Septic Tank
Property Location: SR# 2035 Repairs Nitrification Line
Subdivision _____ Lot # site 1
TAX ID# _____ Quadrant # _____
Contractor: Ottis Strickland Registration # _____
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 _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 2 exact length 150 ft. width of ditches 3 ft. depth of ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 10539

Date: 2-28-95
Inspected by: Thomas J. Boye
Environmental Health Specialist

