HARNE

OUNTY HEALTH DEPARTMENT NMENTAL HEALTH SECTION

Nº08296

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Royald Black Property Location: SR# 1261 Subdivision TAX ID#	☐ Repairs Lot #	Nitrification Line
Contractor: Ray Moore	Registration #	
Basement with Plumbing: Garage: Garage:		
Water Supply: Well Public Community	y	
Distance From Well: ft.		
Following are the specifications for the sewage dispos	al system on above ca	aptioned property.
Type of system: Conventional Other Size of tank: Septic Tank: 1000 gallons Pump		_
Subsurface No. of exact length of each ditch		34 / MINO 3
French Drain: Linear feet	nt. ditches nt.	ditches in.
Dear leet	12-15-	95
PERMIT NO	spected by:: Thomas	Poyce R.S.
		Health Specialist
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LAP repair	` \	