

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Ruben + Marcia Dickens ☒ New Installation ☒ Septic Tank
Property Location: SR# 421 ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: Ray Moore 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 No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 18-24 in.
French Drain: _____ Linear feet

PERMIT NO. 09800

Date: 5-9-96

Inspected by: Thomas J. Boyer R.S.

Environmental Health Specialist

HWY 421

