Nº

HAR T COUNTY HEALTH DEPARTME

Certificate of Completion

| . /sstier me | Address(MAILING ADDRESS) |
|--------------------------------------|--|
| Contractor K. Weeks | H |
| Contractor X. Weeks | Address (MAILING ADDRESS) |
| Location of Premises SR 1437 | |
| Location of Littinges | N. STREET OR ROAD NAME OR NUMBER, LOT NO.) |
| | |
| Grayland Drive lot# | 5 |
| / | Details of Septic Tank System |
| 그렇게 내가 있는 집에 없는 그 그 그 그리고 있다면 하다 하다. | or popular admin system |
| Kind of Material Concrete | Other |
| 1000 | |
| Size of Capacity 1000 Gall | ons |
| Subsurface No. of // Exact Leng | th 75 Width of 3 Depth of 22 Incl |
| Drainage Field Ditchesof each Dit | chFt. Ditches Incl |
| | Synfage Drainage Line |
| Square Feet in Absorption Field | Required |
| | |
| | Inspected by have those you |
| TO 2.1 | (SANITARIAN) |
| Permit No. 5234 | Date |
| 2 Of Mile 210. | |
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