

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) LENA FERRAUS ☒ New Installation ☒ Septic Tank
Property Location: SR# 1213 ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: Wayne Shupe 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: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 115 ft. ditches 3 ft. ditches 18 in.
French Drain: _____ Linear feet

PERMIT NO. 08254

Date: 3-7-94

Inspected by: James E. Marshall
Environmental Health Specialist

