

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) STACY FARROW ☒ New Installation ☒ Septic Tank
Property Location: SR# off of 1120 ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: D. STRICKLAND Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50 min 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 2 of each ditch 70 ft. ditches 3 ft. ditches 18 in.
French Drain: _____ Linear feet

PERMIT NO. 09599

Date: 8-7-95

Inspected by: Joel W. ARS

Environmental Health Specialist

