

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Annie Flynn (Randall Patterson) ☒ New Installation ☒ Septic Tank
Property Location: SR# 1109 ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: Mike Ray Registration # _____
Basement with Plumbing: ☐ Garage: ☐
Water Supply: ☐ Well ☒ Public ☐ Community
Distance From Well: 50 m.m. 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 Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 10617

Date: 10-2-76

Inspected by: J. U. ARV

Environmental Health Specialist

