

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Hazel Foxx ☒ New Installation ☒ Septic Tank
Property Location: SR# 1204 Murchison town rd ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # _____
TAX ID# _____ Quadrant # _____
Contractor: E. Sharpe 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 Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 24 in.
French Drain: _____ Linear feet

PERMIT NO. 09677

Date: 11-28-95
Inspected by: Jan W. ARS
Environmental Health Specialist

