

CERTIFICATE OF COMPLETION

N° 3345

JACKSON COUNTY HEALTH DEPARTMENT

DATE 7-12-77

Time Called 11:00

NAME OF OWNER Roy M Fisher

ADDRESS #2 Conley St. Sylva

NAME OF INSTALLER Mike Cooper

INSTALLER PERMIT NUMBER

- 1. Site Permit Issued
- 2. Septic Tank Properly Located
- 3. Septic Tank Adequate Size
- 4. Tank Meets Structural Requirements
- 5. Tank Level
- 6. Effluent Lower Than Influent
- 7. Tank Has 9" Free Board
- 8. Tank at Proper Depth
- 9. All Ells 45 deg. or less with cleanouts
- 10. Distribution Box properly located and level
- 11. All Solid Pipe of Approved Material
- 12. Nitrification Line of Approved Material
- 13. Lines of Sufficient Length and Width
- 14. Lines have Approved Grade 1/4" in 10'
- 15. Minimum of 8" gravel under and 2" over line
- 16. Lines adequate distance apart

A Representative of the Jackson Co. Health Department has inspected this Sewage System and finds it Suitable () Unsuitable.

Date Inspected 7/12/77

Time Inspected 3:00

Signed *[Signature]*
Jackson Co. Health Department

REMARKS

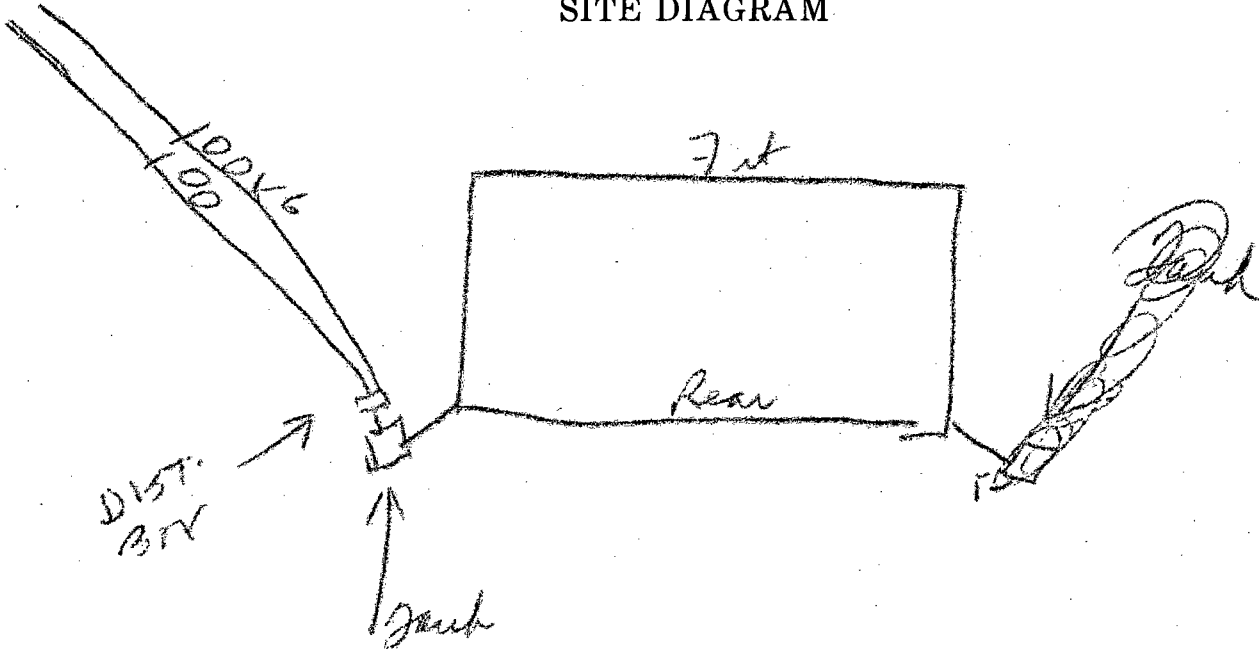
IMPROVEMENTS PERMIT

JACKSON COUNTY HEALTH DEPARTMENT

No. 2537

NAME OF OWNER R.M. Fisher PHONE: _____
ADDRESS Fisher Creek Turn right after Crossing Bridge
Approximate Area of Lot 1 1/2 acres Garbage Disposal No
Number of Bedrooms 3 Number of Baths 2
Square Footage of House _____
Soil Percolation Adequate Yes S.C.S. Soil Test _____
Type Water System Wells
Size of Septic Tank 1000 gal Line Length 200' No. of Lines 2-100' Lines
in 6" Trench

SITE DIAGRAM



A Representative of the Jackson County Health Department has inspected this site and finds it suitable
() unsuitable for proposed installation.

DATE 7/5/77 SIGNED Charles S. Goodard

REMARKS _____

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