

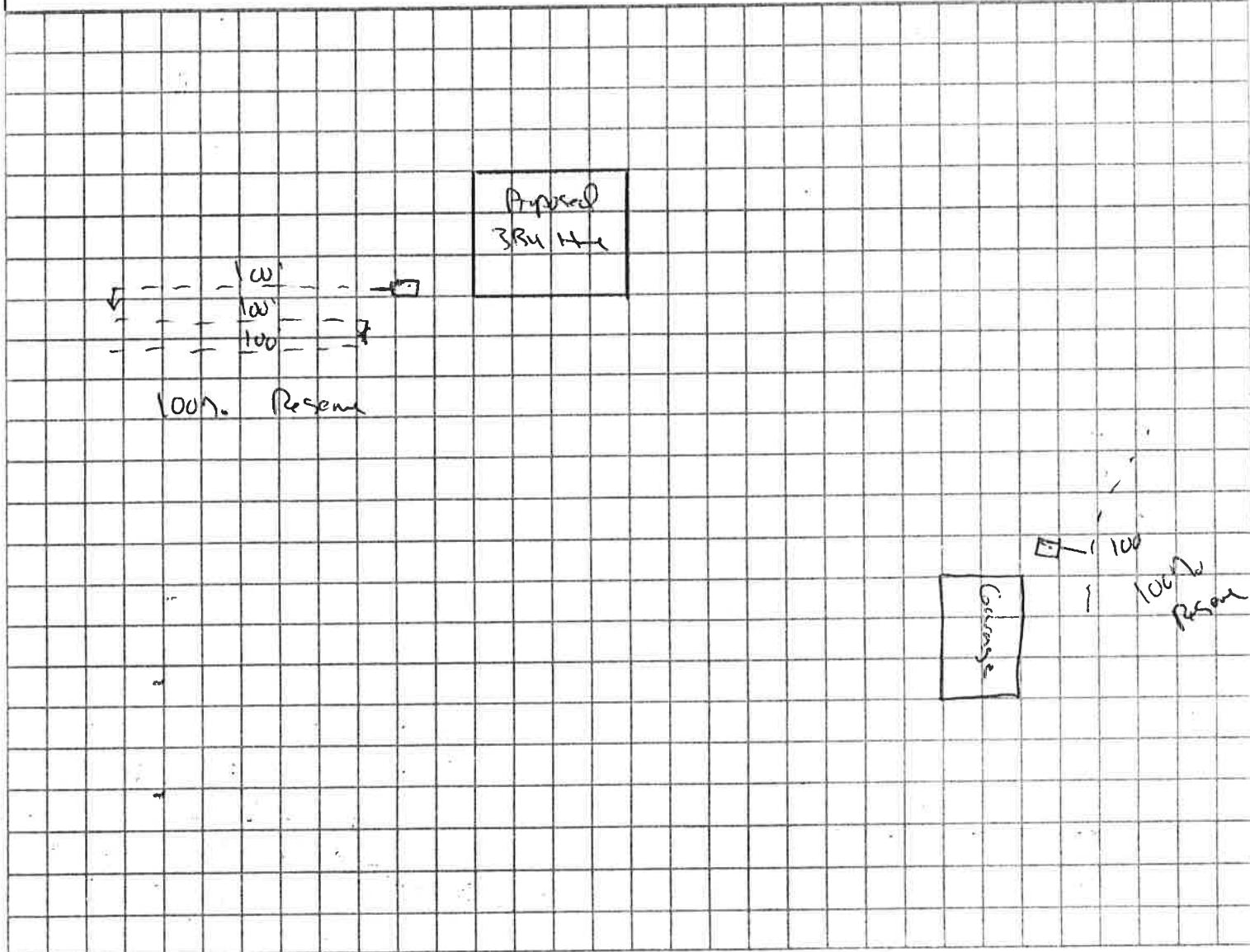
BLOUNT COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

COMPLETION CERTIFICATE FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>Ramsey, John</u> <small>Owner / Developer / Contractor / Etc.</small> Location: <u>3046 Best RD</u> 	Type of System: <input checked="" type="checkbox"/> 1. Conventional <input type="checkbox"/> 1a. Conventional w/Pump System <input type="checkbox"/> 2. Low Pressure Pipe <input type="checkbox"/> 3. Mound <input type="checkbox"/> 4. Lagoon <input type="checkbox"/> 5. Large Diameter Graveless Pipe (10") (a) Sand backfill required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 5a. Large Diameter Graveless Pipe (10") w/Pump System (a) Sand backfill required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Chamber System <input type="checkbox"/> 7. Other _____
---	---

System Specifications: <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> Other		Installer: <u>Self</u>	
# <u>2</u>	Type <u>Wilson</u>	Volume <u>1000</u>	Septic Tank Estimated Absorption Rate: <u>45</u> Minutes Per Inch
Tank(s) and Field line approved: <u>Yes</u>		Pump & Alarm approved: <u>NA</u>	System approved for: <u>4</u> # Bedrooms w/ <u>400</u> Footage Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Basement Plumbing

MAP NOT TO SCALE



Construction Approved By: J. M. [Signature] ES 2-15-14
(Name) (Title) (Date)

PLEASE NOTE: YELLOW COPY OF THIS CERTIFICATE MAY BE NEEDED FOR FINAL ELECTRICAL INSPECTION. CONTACT YOUR LOCAL ELECTRICAL COMPANY.