

Franklin County Health Department

Name: WYNN CONSTRUCT

Permit Number

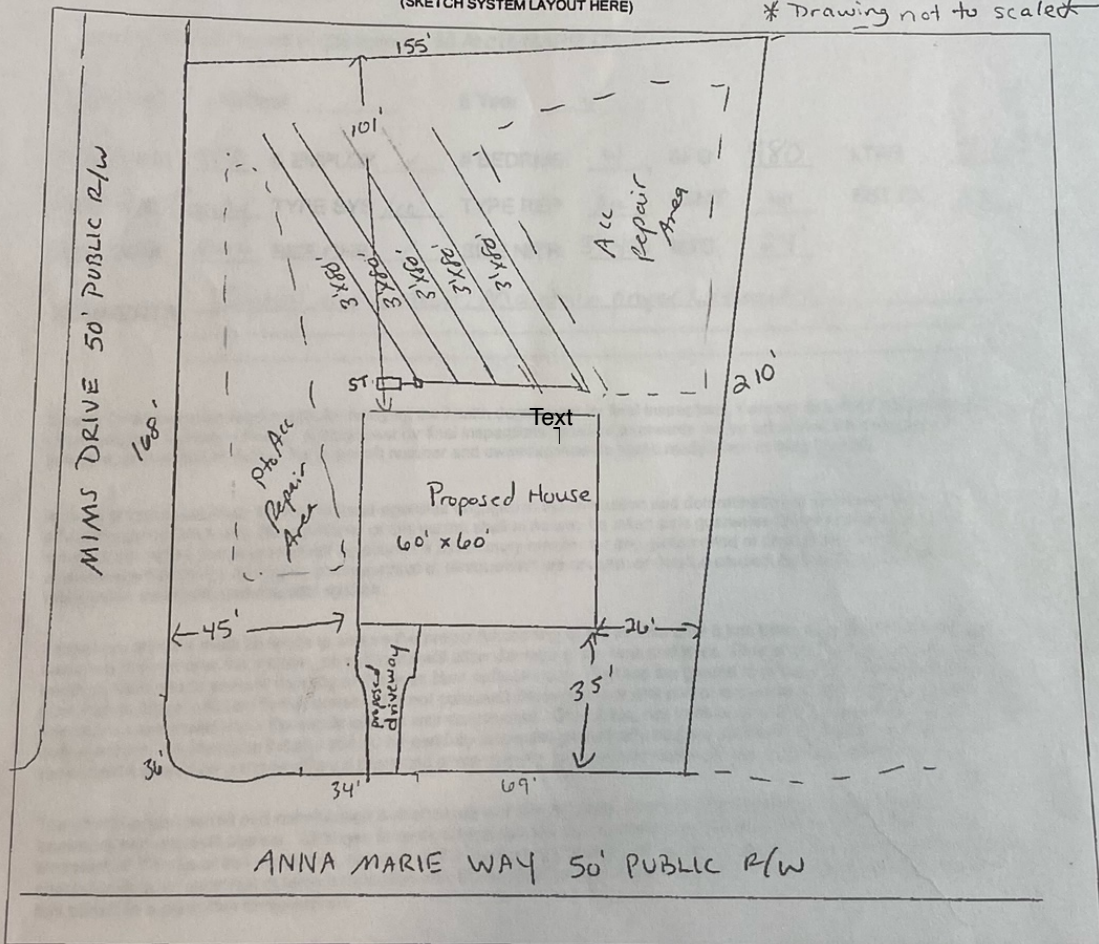
10294

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT
(SKETCH SYSTEM LAYOUT HERE)

* Drawing not to scale *



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE