

COUNTY OF \_\_\_\_\_

DATE \_\_\_\_\_

ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ESTABLISHMENT # \_\_\_\_\_

**This is to certify that the above named establishment is connected to the county sewer system and the disposal system is approved by the county commissioners of \_\_\_\_\_ county.**

SIGNED \_\_\_\_\_

COUNTY OFFICIAL TITLE \_\_\_\_\_