HARNETT COUNTY HEALTH DEPARTMENT

Certificate of Completion

No.

4436

Owner Randall Pearce		Address		
Owner Randall Pearce Contractor Odell John	LED IN)	Address	(MAILING ADDRESS)	
Location of Premises SR 19	03 Pad Pa.	ther Subdivi	(MAILING ADDRESS)	
Lot # 12	BDIVISION, STREET OR RO	AD NAME OR NUMBER, LOT I	NO.)	
	Details of Sep	otic Tank System		
Kind of Material Concrete	□ Other			
Size of Capacity/00C	Gallons			
Subsurface No. of 4 Ex Orainage Field Ditchesof	act Length 80	Width ofFt. Ditches	Depth of Zo Ft. Ditches	Inches
oqual a cet m rabborphon a retu	960	.1	Surface Drainage Required	Linear Ft.
		Inspected by	K Eake	
Permit No. 4864		_Date_ 2/15/90	(SANITARIAN)	
	report are)		