CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) _Currie Builders Inc_   ☑ New Installation   ☑ Septic Tank

Property Location: SR# _1446_   ❑ Repairs   ☑ Nitrification Line

Subdivision _Wexford_   Lot # _4_

TAX ID# _____   Quadrant # _____

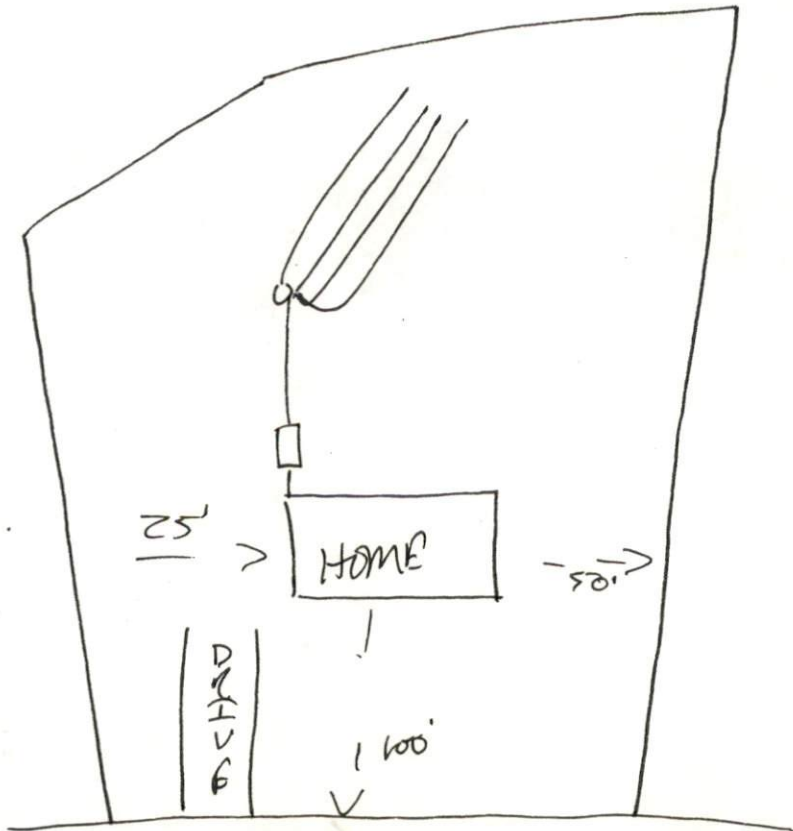Contractor: _Ed Currie_   Registration # _34_

Basement with Plumbing: ❑   Garage: ❑

Water Supply: ☑ Well   ❑ Public   ❑ Community

Distance From Well: _50'+_ ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☑ Conventional   ❑ Other _____

Size of tank: Septic Tank: _1000_ gallons   Pump Tank: _____ gallons

Subsurface Drainage Field   No. of ditches _4_   exact length of each ditch _100_ ft.   width of ditches _3_ ft.   depth of ditches _12"_ in.

French Drain: _—_ Linear feet

Date: _5-9-95_

PERMIT NO. _09956_

Inspected by:: _James E. Mach_

Environmental Health Specialist

SR 1446

HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

№ 09956

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

Name: (owner) _Currin Builders Inc_   ☑ New Installation   ☑ Septic Tank

Property Location: _SR# 1446_   ☐ Repairs   ☑ Nitrification Line

Subdivision _Wexford_   Lot # _4_

Tax ID# _____   Quadrant # _____

Number of Bedrooms Proposed: _3_   Lot Size: _1.75 Acres_

Basement with Plumbing: ☐   Garage: ☐

Water Supply: ☐ Well   ☐ Public   ☐ Community

Distance From Well: _50⁺_ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☑ Conventional   ☐ Other _____

Size of tank: Septic Tank: _1000_ gallons   Pump Tank: _____ gallons

Subsurface Drainage Field   No. of ditches _4_   exact length of each ditch _100_ ft.   width of ditches _3_ ft.   depth of ditches _12_* in.

French Drain required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: _9-29-94_

Signed: _James E. Martin_

Environmental Health Specialist

VOID AFTER 5 YEARS

AT GRADE
SYSTEM o

6" Cover is
Required.

Maintain
setbacks!

Home   25 →   50⁺

100

D
R
I
V
E

100

SR 1446