

Operation permit

HARNETT COUNTY HEALTH DEPARTMENT

No. 4 4562

Certificate of Completion

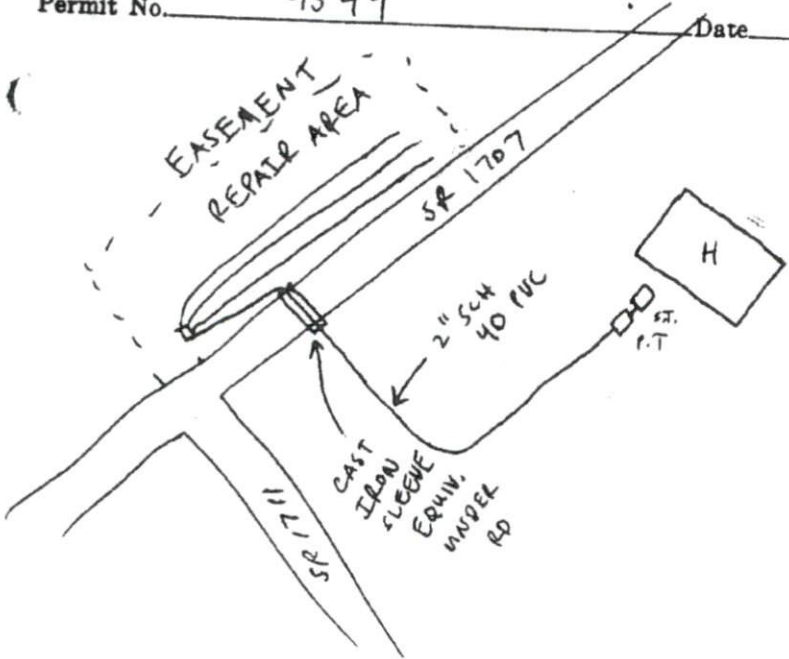
Owner Marchie Matthews Address _____
 Contractor Gilbert Burgiss Address _____
 Location of Premises corner of SR 1711 + 1707 Address _____
(MUST BE FILLED IN) (MAILING ADDRESS) (SUBDIVISION, STREET OR ROAD NAME OR NUMBER, LOT NO.)

Details of Septic Tank System

Kind of Material for Tank: Concrete Other pump tank - 1000 gal
 Size of Tank: Capacity 1000 Gallons
 Subsurface Drainage Field: No. of Ditches 3 Exact Length of each Ditch 115 Width of Ft. Ditches 3 Depth of Ft. Ditches 24 Inches
 Square Feet in Absorption Field 1035 Surface Drainage Required _____ Linear Ft. _____
 Inspected by MIKE EIK (SANITARIAN)

Permit No. 4549

Date 5/25/90



Well not in place at this time