HARNETT COUNTY HEALTH DEPARTMENT

Nº 4964

Certificate of Completion

0,0,				
owner Kicky Gackson	ZAddres	9		
(MUST BE FILLED US)	dures		AILING ADDRESS)	
Contractor Cours They	Addres	S		7-1-1
< x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x > < x >	1564	(М	AILING ADDRESS)	
Location of Premises (SUBDIVISION.	STREET OR ROAD NAME	OR NUMBER, LOT NO.)	4 Te +	
Thekong Ince ares &	et #15			
De	etails of Septic Tank	System		
Kind of Material Concrete	Other			
Size of Capacity Gallon	10			
Subsurface No. of 2 Exact Length Drainage Field Ditches 2 of each Ditch	120 Win	dth of ches	Depth of Ft. Ditches	20 Inch
Square Feet in Absorption Field		///	Surface Drain	nage Line
oquate 2 ccv m 125501 puon 2 1014	Inspec	ted by harl	Mood	11
	Inspec	ted by	(SANITARIAN)	
Permit No. 52/2	Date	10/31/	90	
Commo Ato.		///	11	
	-	250		
	drive		4	
	11 1	K	1	
1 0.00		V		
1 KP	1	3		
(pr	4	1		
		1		
TA	14)	1		
	14	20		
1	1	2		
	- The second second	X	1	
	& welly	10		
		1		
		1 1/		