HARNETT COUNTY HEALTH DEPARTMENT

Certificate of Completion

Nº

3275

Owner 7 L Stephenson	Address		
(MUST BE FILLED IN)		(MAILING ADDRESS)	
Contractor WELdow WEEKS	Address		
Location of Premises 5R 1552		(MAILING ADDRESS)	
(SUBDIVISION, STREET OR	ROAD NAME OR NUMBER. LO	T NO.)	
Datails of S	Septic Tank System		
	ceptic rain bystem		
Kind of Material Concrete Other			
Size of Tank: Capacity Gallons			
Subsurface No. of Exact Length Drainage Field Ditchesof each Ditch	Width ofFt. Ditches	Depth of Ft. Ditches	Inches
Square Feet in Absorption Field		Surface Drainage Required	Linear Ft.
	Inspected by		
		(SANITARIAN)	
Permit No.	Date	// 32	
The state of the s	New.	SUSTOM	
Told system			
14150	40		

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No

1840

Be it ordained by the Harnett County Board of Hea Section III, Item B. "No person shall begin constructi disposal of sewage without first obtaining a written per	on of any building at which a septic	tank system is to be used for
Name: (owner) L.L. Stephenson	New Installation	☐ Septic Tank
Property Location: Alter Angies L	30 / 28 Repairs	☐ Nitrification Line
5.19. 1552		
Number of Bedrooms Proposed:	Dish Washer	Garbage Disposal
Lot Size:	Water Supply: Well	☐ City ☐ Communit
	Distance From Well?	
Above information certified by:		
Following is the minimum specifications for sewa, final approval.	ge disposal system on above capt	tioned property. Subject t
Kind of Material Concrete Other	12:0	-
Size of Tank: Capacity Gallons		N
Subsurface No. of Exact Length Drainage Field Ditches of each Ditch		Pepth of Ditches Inches
	Date: 12/7/83	
Void After 1 Year	Signed:	NITARIAN)
60	(3')	,
- Art	New Addition	
-11/50	The state of the s	
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	b)	
	HOUSE	
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	OWET	
5.1	2. 1352	
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