HARNETT COUNTY HEALTH DEPARTMENT

Certificate of Completion

No

4438

(er	Russe 11	Lamm	NI)	Address			
	(MOST BE FILLED IN)					(MAILING ADDRESS)	
Contractor.	G. len	ple		_Address			
Location of	Premises	Lot 10		Place	SR 1504	(MAILING ADDRESS	5)
		(SUBDIVIS	ION. STREET OR RO	AD NAME OR NU	JMBER, LOT NO.)		
			Details of Sep	– tic Tank Sys	stem		
Kind of Mate for Tank:	erial Z Concr	ete	□ Other				
Size of Tank:	Capacity		allons				
Subsurface Drainage Fie	No. of ld Ditches	2 Exact Le	ength Ditch 80	Width of Ft. Ditches	3	Depth ofFt. Ditches	26-30 Inches
Square Feet	in Absorption Fi	eld 480					ainage Linear
				Inspected k	y Mike	Eake	
Permit No.		886		Date 2	/20/90	Ecke (SANITARIAN)	
	existing				,		
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