

No. of forms in this application 1.

PROPOSED SEWERAGE SYSTEM

Three copies must be submitted after preparation of one copy to the local health department.

Name of Property Owner Welco Contractors, Inc.

Property Address: Lot #31 Rolling Springs, Spring Lake, N. C. 28390
(If this property is in a development, give lot number and subdivision number)

Number of bedrooms proposed 3 Approximate area square feet.

House is to be set back _____ feet from front lot. I propose to construct on the above captioned property type sewage disposal system. A well station will be used. The local health department and the State Board of Health must approve this system.

900

5 1/4" 9 1/2"

No. of lines 2
Location of lines and manholes

200
600

3'

WELL Type Community System App.

Harnett County

12-14-71

M.H. Canady
Sanitation

X