

PROPOSED SANITARY SYSTEM.

Three copies must be submitted.
After processing, one copy to be retained by the local health department.

Name of Property Owner **Welco Contractors, Inc.**

Property Address: **Lot #35 Rolling Springs, Spring Lake, N. C. 28390**
(If this property is in a subdivision, give the subdivision number)

Number of bedrooms **2**
square feet

House is to be used for **✓**
residential purposes

Sanitary Sewer Line Length **900**
feet

PERCOLATION TEST RESULTS

Hole No. **3 1/2" 3 3/4"** (Minimum two inches diameter)

SUBSURFACE ABSORPTION TEST RESULTS

No. of trenches **2** (Minimum two trenches, each 200 feet long and 11-6 inches deep)

Is system to be installed **✓ X**

Community System App.

Harnett County

12-14-71

M. H. Canady
Sanitarian