

HARNETT COUNTY HEALTH DEPARTMENT

Septic Tank Inspection Certificate

No 4966

Owner Wellon RS Address Spring # 125
 (MUST BE FILLED IN) (MAILING ADDRESS)
 Contractor Carlin Address OK
 (MAILING ADDRESS)
 Location of Premises _____
 (SUBDIVISION, STREET OR ROAD NAME OR NUMBER, LOT NO.)

Details of Septic Tank System

Kind of Material for Tank: Concrete Other _____
 Size of Tank: Length _____ Ft. Width _____ Ft. Depth _____ Ft. Capacity 900 Gallons
 Subsurface Drainage Field No. of Ditches 1 Exact Length of each Ditch 132 Width of Ditches 6 Depth of Ditches _____ Inches
 Square Feet in Absorption Field sold Surface Drainage Required _____ Linear Ft.

Approved by [Signature]
 (SANITARIAN)

Permit No. _____ Date 9-16-74