

HARNETT COUNTY HEALTH DEPARTMENT

Septic Tank Inspection Certificate

No 4841

Owner Wellman R S-935 Address Spring 4
(MUST BE FILLED IN) (MAILING ADDRESS)

Contractor Carter Address Spring
(MAILING ADDRESS)

Location of Premises 07
(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 100 Width of Ditches 6 Depth of Ditches _____ Inches

Square Feet in Absorption Field 600 Surface Drainage Required _____ Linear Ft.

Approved by Dr. Williams
(SANITARIAN)

Permit No. _____ Date 12-19-74