

PROPOSED INSTALLATION OF INDIVIDUAL SEWAGE-DISPOSAL AND/OR SUPPLY SYSTEM

Three copies must be completed and accompany each FHA application. After processing, one copy will be returned to the mortgagee and one copy to the local health department.

FHA CASE NUMBER _____

Name of Property Owner Wellco Contractors, Inc.

Property Address: Lot 136, Rolling Springs S/D
(If this property is in a development, give lot number and block number)

Number of bedrooms proposed 3. Approximate area of lot _____ square feet.

House is to be set back 35 feet from front boundary.

I propose to construct on the above-captioned property an individual type sewage-disposal system _____, well _____. This installation will be constructed so as to meet all the requirements of the local health department, the Federal Housing Administration and the State Board of Health.

The principal dimensions of these units are:

SEPTIC TANK: Working capacity 900 gallons.
Manufacturer (if precast) _____
N. C. State Board of Health Serial No. _____

NOTE: If tank has not been specifically approved by the State Board of Health, submit plans and specifications.

PERCOLATION TEST RESULTS (MPS 1103-10- minimum one per lot - others if results indicate necessity.)

Hole No. 18" 2 5"3 4 (Holes per inch of fall). 30 min

SUBSURFACE ABSORPTION FIELD (MPS 1103-7 through 1103-7.14)

No. of trenches 1; total length 100 feet; width 72 inches;
total trench bottom area 600 sq. ft. (MPS Tables 11-4 and 11-7).

Is system to be installed to accommodate: Garbage Grinder Yes _____ No XX
Washing Machine Yes XXX No. _____

WELL: Type Community Size of storage tank _____ (MPS 1102-7.1)
(Drilled, Driven, Bored, Dug)
Make: Type and capacity pump _____

DATE: August 8, 1974

William S. Wellens, Jr.
(Signature of Property Owner)

A representative of the Harnett County Health Department has inspected this site and finds it suitable for the proposed installation.

Would it be economically feasible to establish public or adequate community or sewage disposal facilities? Yes _____ No XX

Date: 8.12.74 Signature: [Signature]
Title _____

If there is any pertinent information which the sanitarian desires to convey to the reviewing officials, which is not covered above, use the back of this application.

PROPOSAL FOR SEWER SYSTEM FOR DUPPE SYSTEM
Three copies of this proposal and application for approval should be submitted to the Harnett County Health Department, P.O. Box 100, Harnett, N.C. 27533.

FBI CASE NUMBER

Name of Contractor Wellco Contractors, Inc.

Property Address Lot 136, Rolling Springs S/D
(If known, include lot and block number)

Number of Units 3

House is to be built back 35 feet from rear property line.

I propose to install a sanitary sewer system. This installation will be constructed in accordance with all the requirements of the local health department, the Federal Housing Administration and the State Board of Health.

The principal dimensions of these units will be: 900 mm diameter.

PERFORMANCE CHARACTERISTICS: Put on lot - others if available indicate
Hole Size: 8" x 5" (min. 30 min)

SUBMITTALS: (Indicate if any)

No. of Units: 1 100 72

Total Units: 600

Is system to be installed: XXX XX

WELL TYPE: Community

DATE: August 8, 1974

William S. Wellons, Jr.

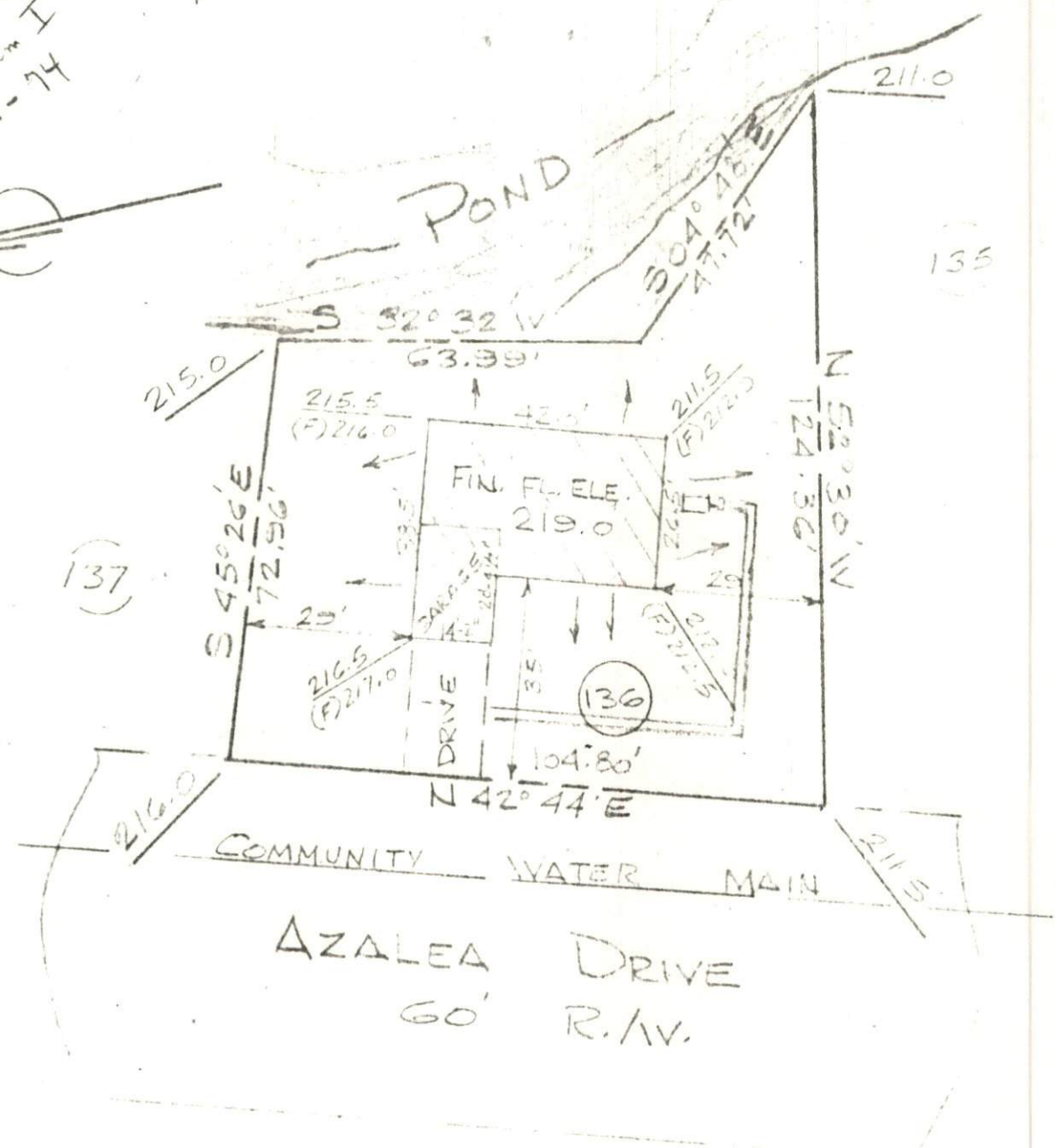
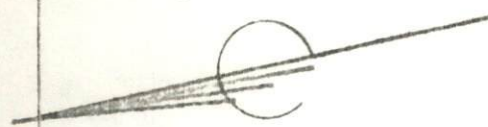
Harnett County

XX

8-12-74

*Dr. Womble
Sanitarian I*

W. W. Wamble
 Sanitarian I
 8-12-74



— PLOT PLAN —
WELLONS REALTY

SUBDIVISION: ROLLING SPRINGS - SECT. 2 BK. 18 PAGE 14
 NEAR SPRING LAKE N.C.
 SCALE: 1" = 30' DATE: AUG 1974

[Signature]
 SOL ROSE
 REG. SURVEYOR L-500