

HARNETT COUNTY HEALTH DEPARTMENT

Septic Tank Inspection Certificate

No 4947

Owner Waller's R.S. Address Spring  
(MUST BE FILLED IN) (MAILING ADDRESS)

Contractor Taylor Address Spring  
(MAILING ADDRESS)

Location of Premises OX 136  
(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 1000 Gallons

Subsurface Drainage Field No. of Ditches 1 Exact Length of each Ditch 96 Width of Ft. Ditches 6 Depth of Ft. Ditches \_\_\_\_\_ Inches

Square Feet in Absorption Field 576 Surface Drainage Required \_\_\_\_\_ Linear Ft.

Approved by [Signature]  
(SANITARIAN)

Permit No. \_\_\_\_\_ Date 11-13-74