

JUL 7 1977

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 149, Rolling Springs, Section III
(If this property is in a development, give lot number and block number)

Number of bedrooms proposed 3, Approximate area of lot 10,000 square feet.

House is to be set back _____ feet from front boundary.
I propose to construct on the above - captioned property an individual type sewage-disposal system xxx, 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. 1 5 2 3 4 (Minutes per inch of fall). in 30 minutes

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

No. of trenches 2; total length 200 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 x
Washing Machine Yes xx No ___

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

DATE: 5-9-77

William S. Wellons Jr.
(Signature of Property Owner)

A representative of the Harnett 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 _____

Date: 6-3-77

Signed [Signature]
Title Sanitarian II

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.