

HARNETT COUNTY HEALTH DEPARTMENT

Septic Tank Inspection Certificate

No. 697

copy

Walter R. S.

Spring

Owner _____ Address _____

(MUST BE FILLED IN)

(MAILING ADDRESS)

Contractor _____ Address _____

(MAILING ADDRESS)

Location of Premises _____

(SUBDIVISION, STREET OR ROAD NAME OR NUMBER, LOT NO.)

Details of Septic Tank System

149

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* Ft. Width of Ditches *6* Depth of Ditches _____ Inches

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

Approved by _____

(SANITARIAN)

Permit No. _____ Date *9-13-77*