

HARNETT COUNTY HEALTH DEPARTMENT

Septic Tank Inspection Certificate

709

Owner Rolling Inn, Sec 3 Address Springy
 (MUST BE FILLED IN) (MAILING ADDRESS)

Contractor Conley Address Bay
 (MAILING ADDRESS)

Location of Premises OK
 (SUBDIVISION, STREET OR ROAD NAME OR NUMBER, LOT NO.)

Details of Septic Tank System # 178

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 Ft. Ditches 6 Depth of Ft. Ditches _____ Inches

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

Approved by [Signature]
 (SANITARIAN)

Permit No. _____ Date 5-1-77