

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

No 07210

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) Bob West ☒ New Installation ☒ Septic Tank  
Property Location: SR# #WY 87 ☐ Repairs ☒ Nitrification Line  
Subdivision Starwoods 4th & 8th Lot # 5  
TAX ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Contractor: Wayne Sharpe Registration # \_\_\_\_\_  
Basement with Plumbing: ☐ Garage: ☒  
Water Supply: ☐ Well ☒ Public ☐ Community  
Distance From Well: \_\_\_\_\_ ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☒ Conventional ☐ Other \_\_\_\_\_  
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 16-20 in.  
French Drain: \_\_\_\_\_ Linear feet

PERMIT NO.

08105

Date:

2-21-94

Inspected by:

James E. Markant

Environmental Health Specialist

