HARNETT COUNTY HEALTH DEPARTMENT

Nº 5400

Certificate of Completion

Owner R.C. Clark	t Jr.		Address		
. (MUST B	E /FILLED IN)			(MAILING ADDR	ESS)
Contractor Larry S	Larpe		_Address		
/	11 0			(MAILING ADDR	ESS)
Location of Premises	SR 2011				
	(SUBDIVISION, ST	REET OR ROA	D NAME OR NUM	BER, LOT NO.)	
			_		
	Deta	ils of Sept	tic Tank Syst	em	
Kind of Material					
for Tank: Concrete		Other			
Size of Tank: Capacity	000 Gallons				
Subsurface No. of Drainage Field Ditches	Exact Length _of each Ditch .	100	Width ofFt. Ditches	Pt. Ditches	of 22 Inches
				Surface	Brainage Linear
Square Feet in Absorption Field				Require	Orginage Linear
			Inspected by	(Larles H.	4000
			inspected by	(SANITARIAN	
Permit No. 5860				15/12/91	
Permit No			Date	12/14/1/	
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