

GRANVILLE-VANCE HEALTH DISTRICT

No. 0400

(Septic Tank) Improvements Permit & Certificate of Completion

Owner or Contractor _____ Date _____ S.R. No. 1380

Location/Address _____

Subdivision/Mobile Home Park Name _____ Lot Size _____

Lot No. 15

New System ☒ Repair ☐

House ☐ Mobile Home ☒ Business ☐

No. Bedrooms _____ No. People _____ No. Toilets _____

Water Supply: Private ☒ Approved ☐

Semi-Public ☐ Unapproved ☐

Public ☐ None ☐

Nitrification System:

Tank Size _____ gal.

Distribution Box _____ No. Lines _____

Nitrification Field _____ Sq. Ft.

Lines: 1 2 3 4 5 6

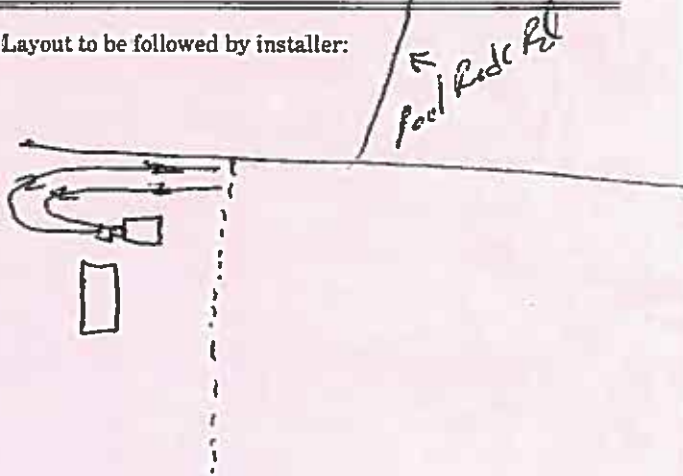
Width _____

Length _____

Grade _____

Stone Depth _____

Layout to be followed by installer:



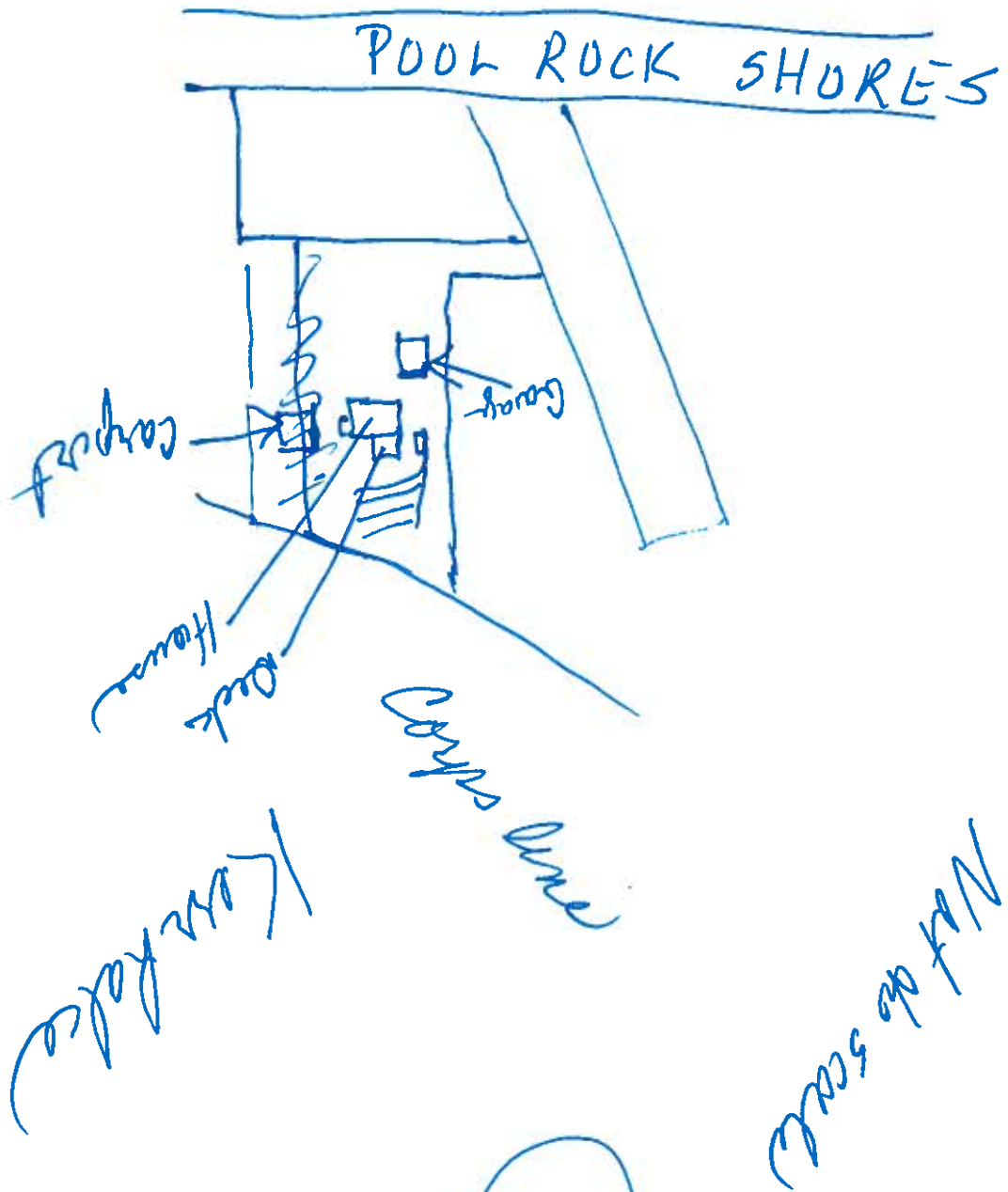
Improvements Permit By _____ Installer Ferry Bolter

Certificate of Completion By W. V. Vance Date of Inspection 10-6-87

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

Per Krahmer:
 9-24-21 tank located
 left of deck
 drainlines in front of house
 carport area best location
 if added on do
 house
 See attached
 sketch

Per Owner septic layout is as shown on this sketch.



Pool