№ 371

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

OWNER/AGENT Dorothy Evans
LOCATION NC39W left at New Hope Sch STATE ROAD NO. _____
SUBDIVISION NAME 1 mi on left LOT NO. _____

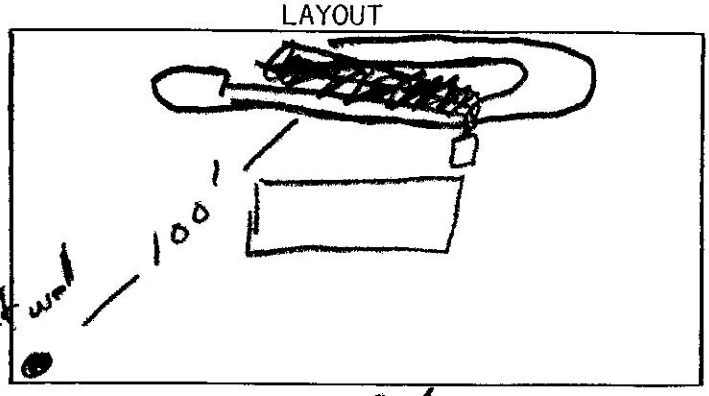
SYSTEM DESIGNED FOR:

NEW SYSTEM ✓ REPAIR _____ RESIDENCE mobile BUSINESS _____ OTHER _____
NO. BEDROOMS 3 NO. OCCUPANTS 5 WATER SUPPLY: INDIVIDUAL ✓ PUBLIC _____
LOT SIZE 2 ACRES F _____ L _____ B _____ R _____
SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box
NITRIFICATION FIELD 1200 SQUARE FEET NUMBER OF LINES 4
LENGTH OF LINES 100' WIDTH OF LINES 36" STONE DEPTH 12"

6-4-93
Elt.5

CONDITIONS _____

LAYOUT



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NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within _____ years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____ DATE _____
IMPROVEMENT PERMIT BY: Walter F. Vaughn DATE 7-27-93
CERTIFICATE OF COMPLETION BY: Walter F. Vaughn DATE 7-27-93
SYSTEM INSTALLED BY: L. B. Thorington

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.