

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Wynn Const. Date 3-9-07 S.R. No. 162
 Location/Address Brookdale Dr.
 Subdivision/Mobile Home Park Name Brookdale Lot Size _____
 Permit No. # _____ Lot No. 28

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People _____ No. Toilets _____
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public ☒ None _____

Nitrification System:

Tank Size 1000 gal.
 Distribution Box ☒ No. Lines 4
 Nitrification Field _____ Sq. Ft.
 Lines:

1'	2'	3'	4'	5'	6'
<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>		
<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>		
<u>0"</u>	<u>0"</u>	<u>0"</u>	<u>0"</u>		
<u>E-2-FLOW</u>					

 Stone Depth _____

Layout to be followed by installer:

Improvements Permit By Jimmy B. C. [Signature] Installer Robert Blaskley
 Certificate of Completion By Jimmy B. C. [Signature] Date of Inspection 3-9-07

* 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.

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

