

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Steven Hayes Date 10-4-07 S.R. No. 1714
 Location/Address Belmont Circle
 Subdivision/Mobile Home Park Name Fieldstone West Lot Size _____
 Permit No. # 06205 Lot No. 46

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 4 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 1200 Sq. Ft.
 Lines:

	1	2	3	4	5	6
Width	<u>3'</u>	<u>3'</u>	<u>3'</u>	<u>3'</u>		
Length	<u>100'</u>	<u>100'</u>	<u>100'</u>	<u>100'</u>		
Grade	<u>0"</u>	<u>0"</u>	<u>2"</u>	<u>0"</u>		
Stone Depth	<u>E-Z-FLOW</u>					

Layout to be followed by installer:

Improvements Permit By M.E. Jenkins RS Installer Brantly
 Certificate of Completion By Susan R. Smith RS Date of Inspection 10-4-07

* 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.

