

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor BELCHER, MAYNARD M. Date 7-30-87 S.R. No. _____

Location/Address Hwy 39 North

Subdivision/Mobile Home Park Name Pool Park Sub-division Lot Size .51 Ac
 Lot No. 23

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People 3 No. Toilets 2
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:

Tank Size 1000 gal.
 Distribution Box Yes No. Lines 2-150 R.
 Nitrification Field 900 Sq. Ft.

Lines:	1	2	3	4	5	6
Width	<u>6</u>					
Length	<u>150'</u>					
Grade						
Stone Depth	<u>15"</u>					

Layout to be followed by installer:

Improvements Permit By J Kelly Installer Clarence Edwards
 Certificate of Completion By J Kelly Date of Inspection 7-27-88

* 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.