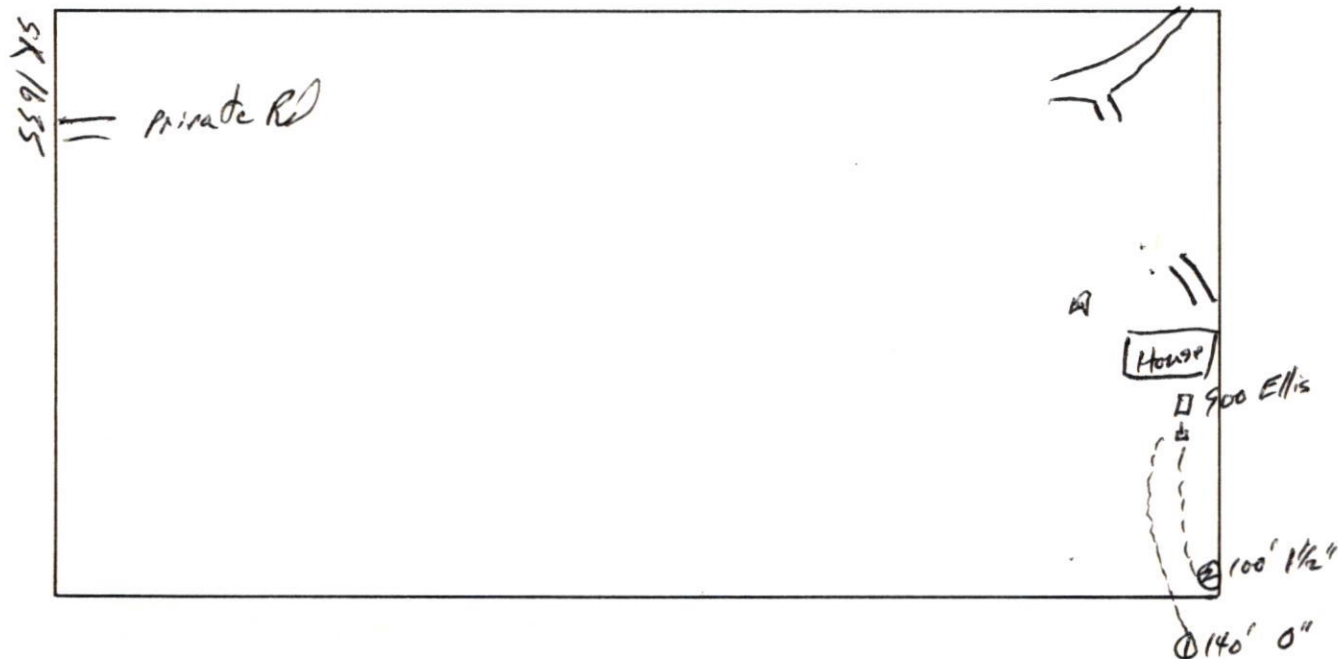


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

#

1692

Owner or Contractor Tom Charney Date 3-6-90 S.R. No. 1635
 Location/Address Rt. 2 Oxford, N.C.
 Subdivision/Mobile Home Park Name Tar River Farm Lot Size 1.26
 Lot No. 7

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People 6 No. Toilets 3
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Layout to be followed by installer:

Nitrification System:
 Tank Size 900 gal.
 Distribution Box yes No. Lines 2
 Nitrification Field 240 - 1080 Sq. Ft.
 Lines: 1 2 3 4 5 6
 Width 3' 3' _____ _____ _____ _____
 Length 140' 100' _____ _____ _____ _____
 Grade 8" 1 1/2" _____ _____ _____ _____
 Stone Depth 18" 18" _____ _____ _____ _____

Improvements Permit By James C. Barrett Installer Robert Blackley
 Certificate of Completion By Charles R. Nolin Date of Inspection 4-26-90

* 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.