

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor James Altman Date 9-22-04 S.R. No. 1710

Location/Address _____

Subdivision/Mobile Home Park Name Willow Creek Lot Size _____

Permit No. # _____ Lot No. 180

New System _____ Repair ☒

House _____ Mobile Home ☒ Business _____

No. Bedrooms 3 No. People 3 No. Toilets _____

Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 544 gal.

Distribution Box ☒ No. Lines 4

Nitrification Field 900 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3' 3' _____

Length 25' 25' 25' 25' _____

Grade 0" 1/2" 1/2" 0" _____

Stone Depth E-2-Flow _____

Layout to be followed by installer:

Improvements Permit By M-E-Yocum, AS Installer Chris Milko

Certificate of Completion By [Signature] Date of Inspection 9-22-04

* 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.

Attn: Kim Warren

3146 Virginia Pine Ct

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.

