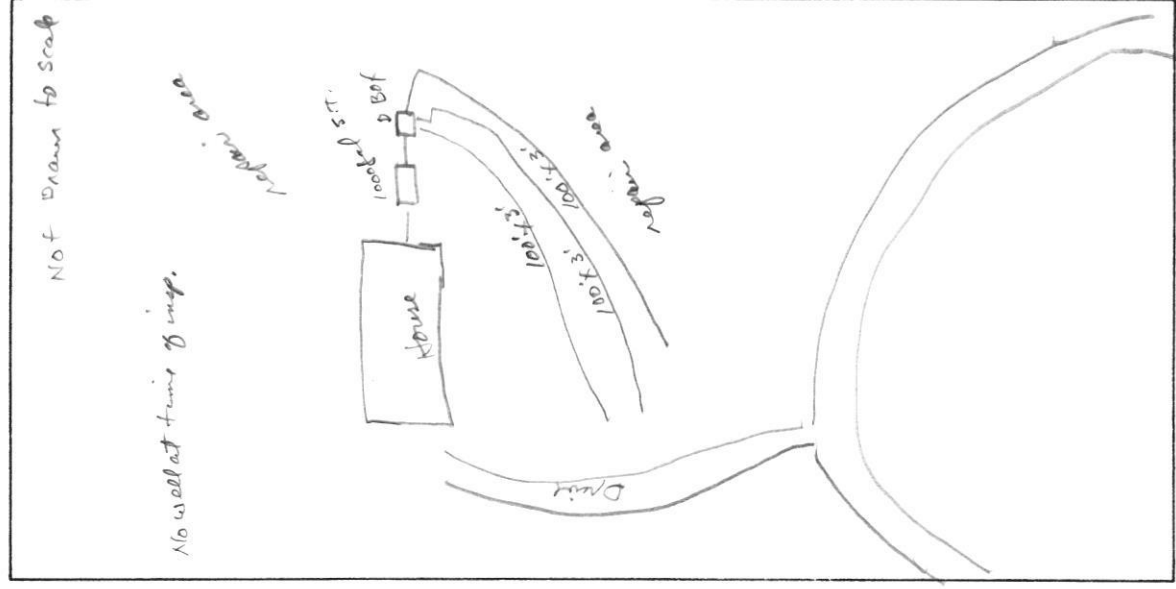


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Quality Homes of Hillsboro Date 7-12-06 S.R. No. Aug 56 E
Location/Address Old Mill Farm at end of Rd.
Subdivision/Mobile Home Park Name Old Mill Farm Lot Size _____
Permit No. # 05865 Lot No. 22

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

Nitrification System:

Tank Size 1000 gal.
Distribution Box ☒ No. Lines 3
Nitrification Field 900 Sq. Ft.
Lines: 1 2 3 4 5 6
Width 3' 3' 3' _____
Length 100' 100' 100' _____
Grade 0" 0" 0" _____
Stone Depth E-2-Flow _____

Layout to be followed by installer:

Improvements Permit By Jimmy B Clayton KS Installer Vernon Dickman
Certificate of Completion By J B Clayton KS Date of Inspection 7-12-06

* 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.