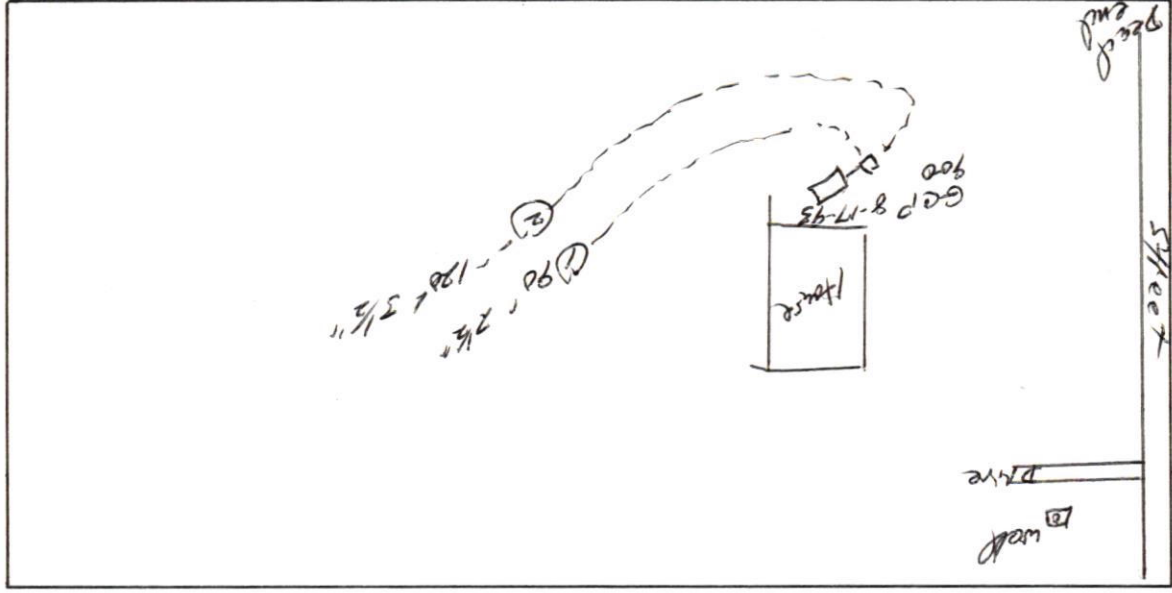


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Steve Williams Date 9-8-93 S.R. No. 1662

Location/Address Tabb's Creek Lane Rd - Oxford, N.C.

Subdivision/Mobile Home Park Name Twin Creeks Lot Size 1.21 Ac

Permit No. # _____ Lot No. 10

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 900 gal.

Distribution Box 40 No. Lines 2

Nitrification Field 300 - 900 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' _____

Length 90' 120' _____

Grade 2 1/2" 3 1/2" _____

Stone Depth 12" 12" _____

Layout to be followed by installer:

Improvements Permit By Charles R. N. N. N. Installer Mark F. Kingston

Certificate of Completion By James C. Parrott Date of Inspection 11-18-93

* 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.