

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor BURNSKILL RUSSELL Date _____ S.R. No. _____
 Location/Address Gun Club Rd. 75 Spring Hill Ln 04074-02001
 Subdivision/Mobile Home Park Name Spring Hills Estates Lot Size _____
 Lot No. 11

New System ☒ Repair _____
 House _____ Mobile Home ☒ Business _____
 No. Bedrooms 3 No. People 3 No. Toilets 1 1/2
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:

Tank Size 1000 gal.
 Distribution Box yes No. Lines 2-320 ft.
 Nitrification Field 900 Sq. Ft.
 Lines:

	1	2	3	4	5	6
Width	<u>3'</u>	<u>3'</u>				
Length	<u>170</u>	<u>150</u>				
Grade						
Stone Depth	<u>12"</u>	<u>12"</u>				

Layout to be followed by installer:

Improvements Permit By J Kelly Installer John Ayscue
 Certificate of Completion By J Kelly Date of Inspection 6-15-88

* 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.

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.

