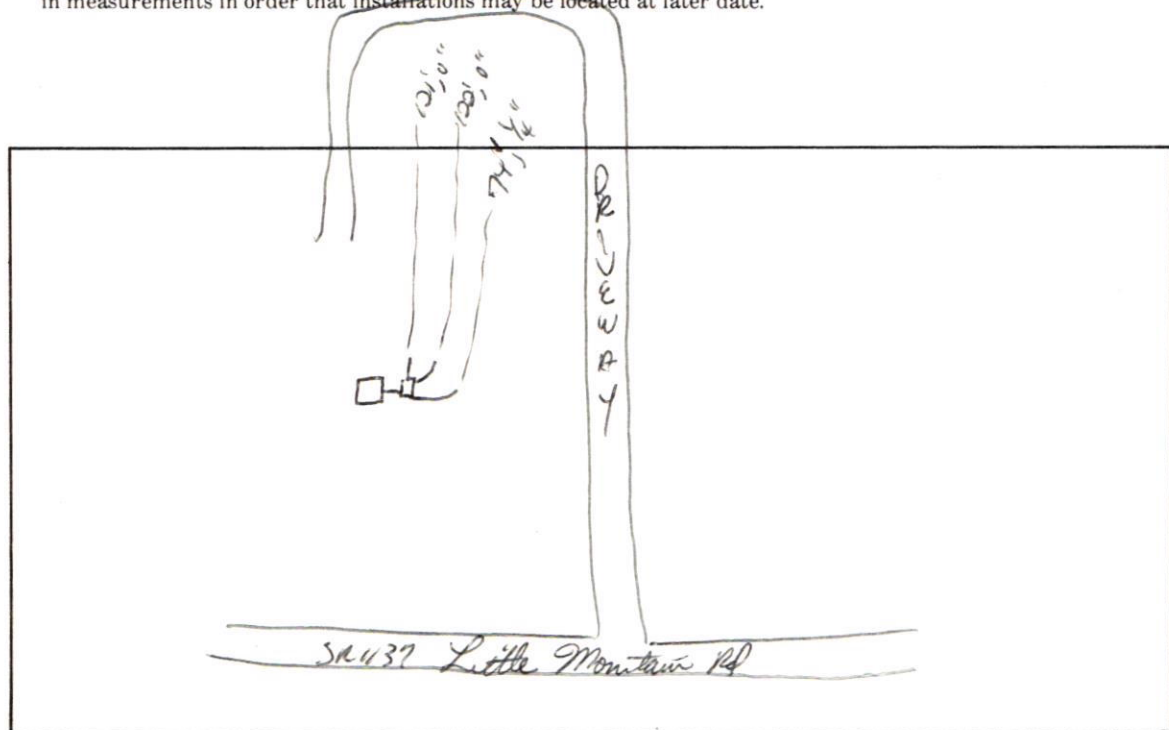


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Alicia + Johnny Wise Date 5-28-96 S.R. No. 1137

Location/Address Little Mountain Rd. Stall, N.C.

Subdivision/Mobile Home Park Name _____ Lot Size 19.75 Ac

Permit No. # 163 Lot No. _____

New System ☒ Repair _____

House ☒ Mobile Home _____ Business _____

No. Bedrooms 2 No. People 2 No. Toilets _____

Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 900 gal.

Distribution Box ☒ No. Lines 3

Nitrification Field 900 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 2' 3' 3' _____

Length 12' 12' 74' _____

Grade 0" 0" 4" _____

Stone Depth 12" 12" 12" _____

Layout to be followed by installer:

Improvements Permit By M. G. Young Installer Ken Davis

Certificate of Completion By Chris Hildreth Date of Inspection 7-19-96

* 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.