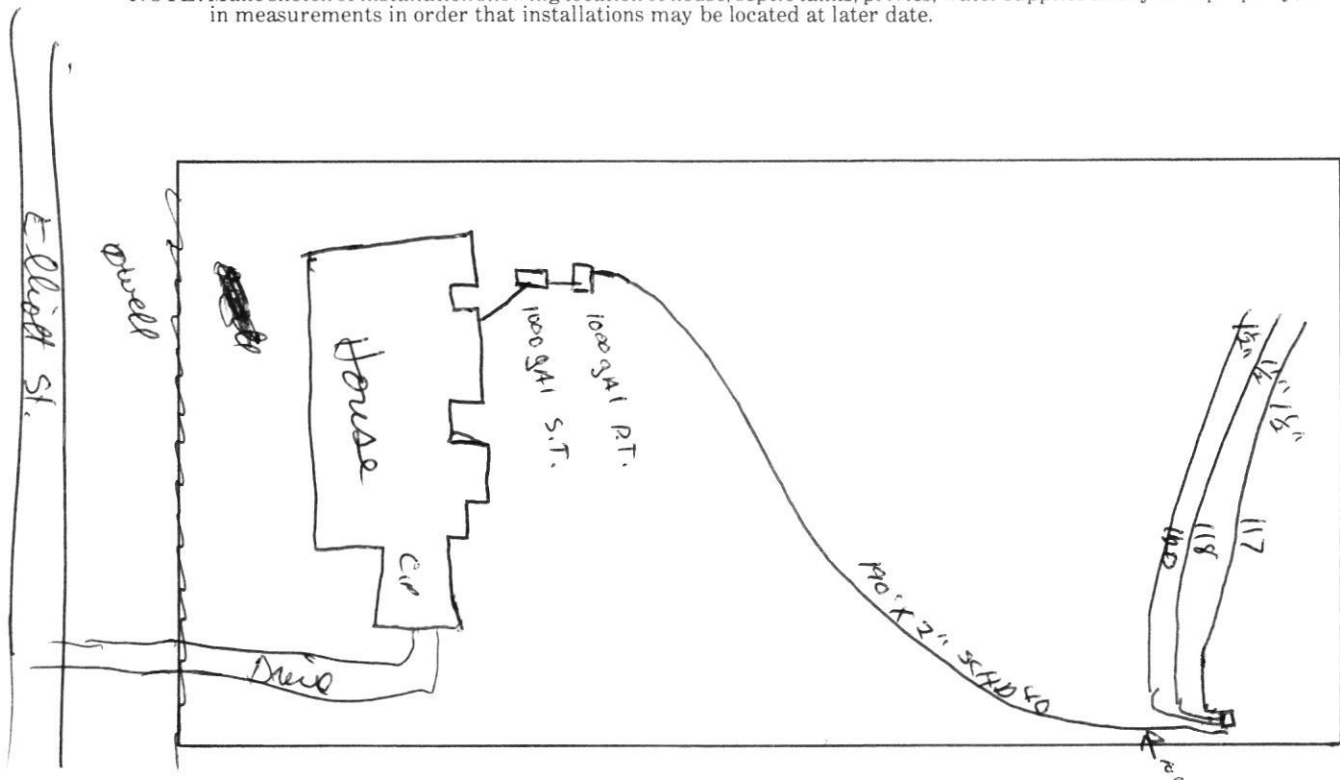


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Carl Hann Date 10-18-02 S.R. No. 1586

Location/Address _____

Subdivision/Mobile Home Park Name Foxcroft Lot Size 1.0664

Permit No. # 3478 Lot No. 3

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. Pump tank 1000 gal

Distribution Box Pump manifold No. Lines 3

Nitrification Field 1050 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3' _____

Length 117' 118' 120' _____

Grade 18" 18" 18" _____

Stone Depth 12" 12" 12" _____

Layout to be followed by installer:

Improvements Permit By James B. Clatter Installer Jim Cole

Certificate of Completion By James B. Clatter Date of Inspection 10-18-02

* 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.