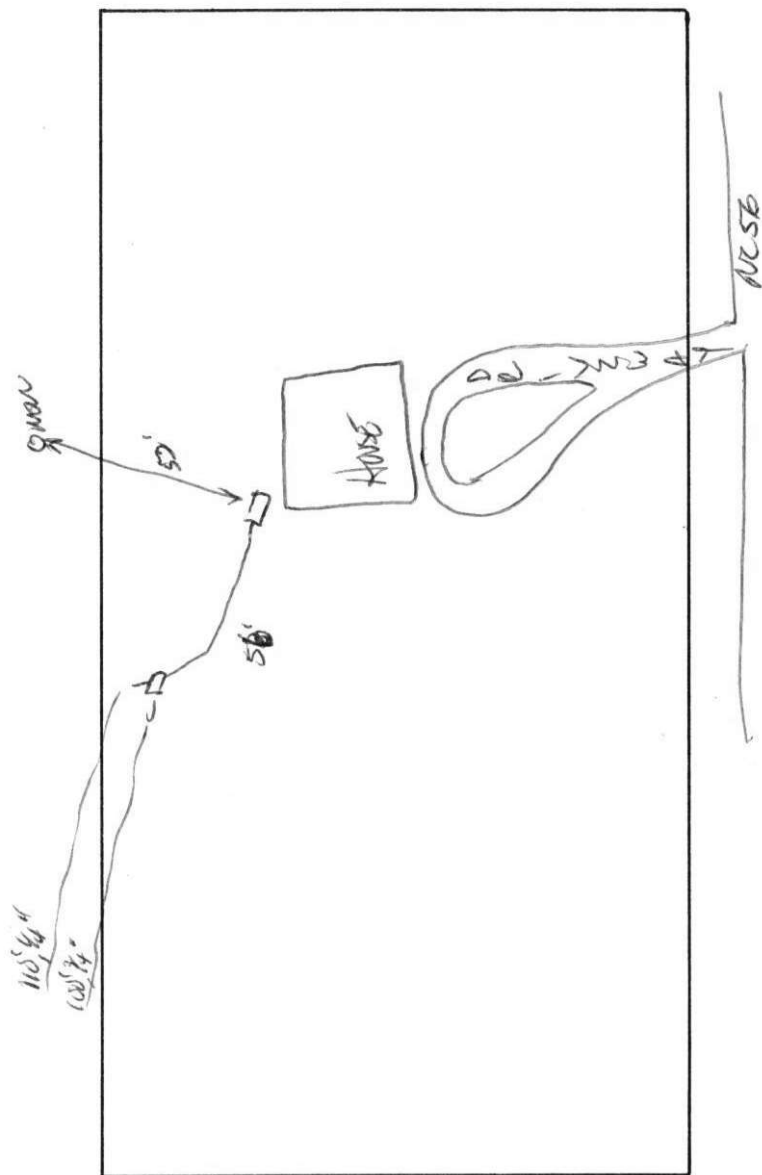


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Mary Anderson Date 7-19-96 S.R. No. AK56
 Location/Address 1856 - Creedmore
 Subdivision/Mobile Home Park Name _____ Lot Size Existing
 Permit No. # 275 Lot No. _____

Layout to be followed by installer:

New System _____ Repair ☒
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People 4 No. Toilets _____
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:
 Tank Size 400 gal.
 Distribution Box ☒ No. Lines 2
 Nitrification Field 400 Sq. Ft.
 Lines: 1 2 3 4 5 6
 Width 3' _____
 Length 100' _____
 Grade 1/4" _____
 Stone Depth 18" _____

Improvements Permit By Chris Kunkel Installer David G. Smith
 Certificate of Completion By Chris Kunkel 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.