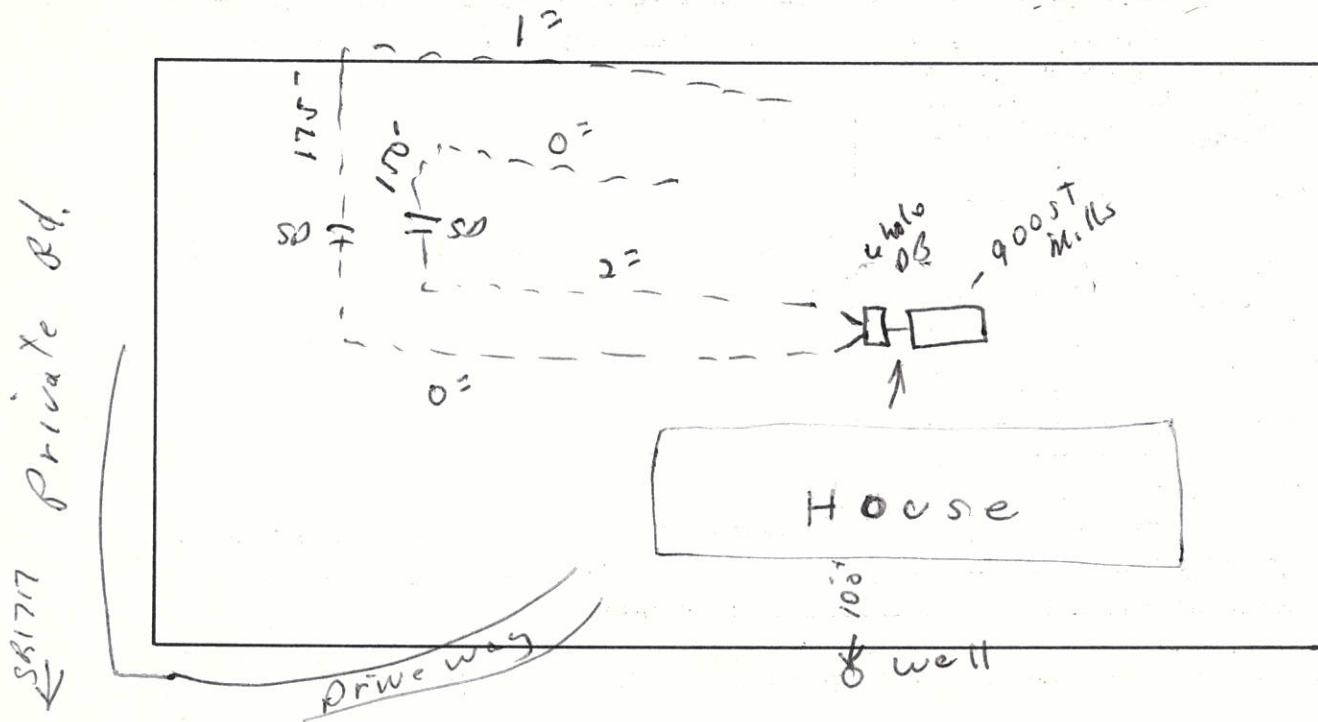


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

1601 Owner or Contractor Burley G Hamill III Date 11-14-89 S.R. No. 1717

Location/Address Route # 3 Wake Forest

Subdivision/Mobile Home Park Name Sleepy Hollow Lot Size 2.33 acres

Permit No. # _____ Lot No. 17

New System ☒ Repair _____

House ☒ Mobile Home _____ Business _____

No. Bedrooms 3 No. People 1 No. Toilets 2 1/2

Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 900 gal.

Distribution Box ☒ No. Lines _____

Nitrification Field 320' x 960' Sq. Ft.

Lines: 1 2 3 4 5 6

Width 36" 36" _____

Length 175' 150' _____

Grade 0.501" 2.500" _____

Stone Depth 12" 12" _____

Layout to be followed by installer:

Improvements Permit By James C. Parriott Installer J. C. High (Wake)

Certificate of Completion By Bobby E. Greene Date of Inspection April 26, 1990

* 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.