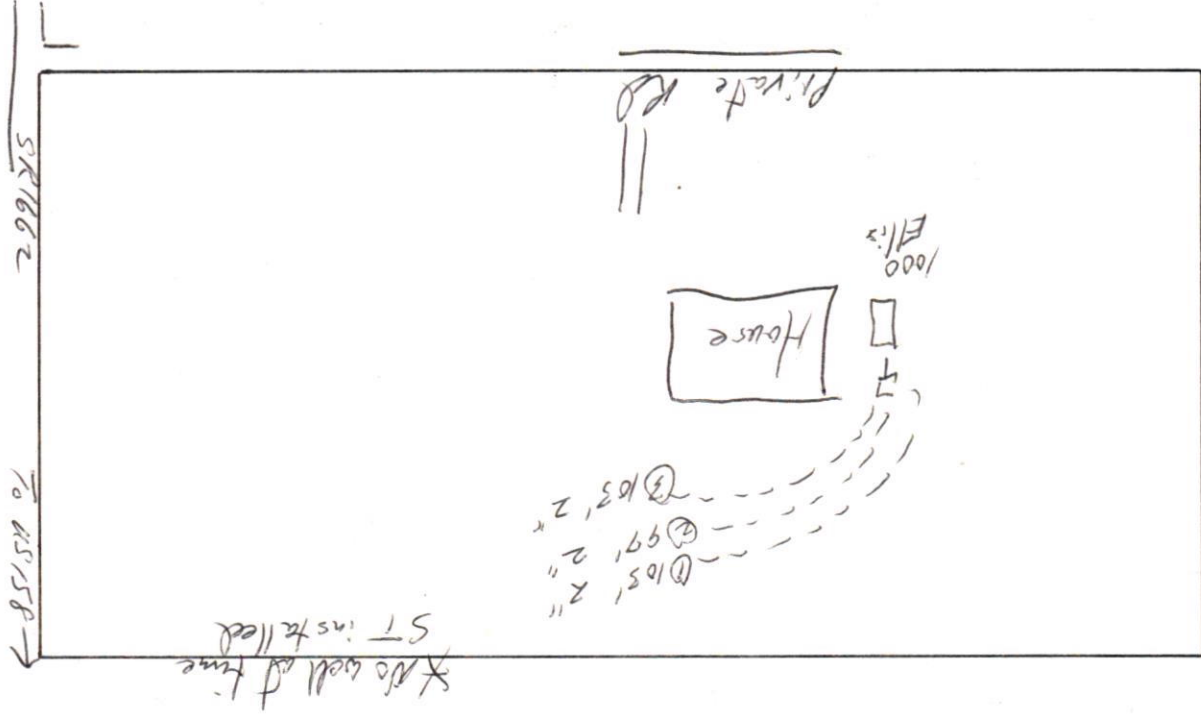


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



2367 GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Arrowsmith Bldg Inc Date 2-18-92 S.R. No. 1662

Location/Address Oxford, N.C.

Subdivision/Mobile Home Park Name Stonemridge Lot Size 1 Ac⁺

Permit No. # _____ Lot No. 5

New System ☒ Repair _____

House ☒ Mobile Home _____ Business _____

No. Bedrooms 3 No. People 6 No. Toilets 2

Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 1000 gal.

Distribution Box yes No. Lines 3

Nitrification Field 300' - 900 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3' _____

Length 103' 99' 103' _____

Grade 2" 2" 2" _____

Stone Depth 12" 12" 12" _____

Layout to be followed by installer:

Improvements Permit By Charles K. Volkin Installer Ricky Pearce

Certificate of Completion By Charles K. Volkin Date of Inspection 4-1-92

* 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.