

TRAN **VANIA** COUNTY HEALTH DEPARTMENT

(Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA)

8592-93-6800-000

APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner George Updike Address _____
 Location of Property: main entrance → forks → right → 1st left → forks → right → to end → right → grouse lane → right → on right
 Plat of Property: YES NO
 Type of Facility: House Mobile Home Business
 Estimated Sewage Flow: 360 Gallons per day
 Type of Water Supply: Drilled Well Spring Other community
 Signature of Owner or Authorized Agent: Arthur W. Schulz Date: _____

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT same
 LOCATION same
 SUBDIVISION Sherwood Forest
 LOT NO. 9 SECT. OR BLOCK NO. E
 BUILDING CONTRACTOR Dehon Construction
 ADDRESS _____
 SEPTIC TANK CONTRACTOR _____
 ADDRESS _____
 HOUSE MOBILE HOME BUSINESS
 NO. BEDROOMS 3 NO. BATHROOMS 2
 SIZE OF SEPTIC TANK 1000 GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO

NO. OF LINES 2 WIDTH 3 FT. LENGTH 100 FT.
 PERCOLATION TEST YES NO 70

WATER SUPPLY: INDIVIDUAL PUBLIC

SITE CLASSIFICATION: SUITABLE
 PROV. SUITABLE
 UNSUITABLE

IMPROVEMENTS PERMIT: DATE: 3/26/86
 BY Ruth Jones, RS

CERTIFICATE OF COMPLETION: DATE: 9/29/88
 BY Wm K. Adams - RS

NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.

