SEWAGE DISPOSAL RECORD

_____ County Health Department

Name of Occupant _____ W ___ C ___ Location of Building _____

Name of Owner _____ W ___ C ___ Date of Installation _____

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank _____ Date Inspected _____ Permit No. _____

(concrete, metal, etc.) Capacity _____ F.H.A. Case Yes ___ No ___

Number of Users _____ Type Secondary Treatment _____

Source of Water Supply _____

Contractor or Plumber _____ Address _____

Approved by _____

Remarks _____ (Over)

N. C. STATE BOARD OF HEALTH FORM NO. 207

The proposed / existing GARAGE EXTENSION addition does not appear to impact the existing septic system.
**NOTE: SYSTEM INSTALLED IN 1952

R. S. HERRICK REHS
Date: JUNE 30, 2010
ICHD-Environmental Health Division

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