

CERTIFICATE OF COMPLETION

(GROUND ABSORPTION SEWAGE
DISPOSAL SYSTEM—G.S. CHAP-
TER 130 ARTICLE 13C)

OWNER Michael W Redd
Location Rt 1 Maysville S.R. No. _____

Approved As Shown on Plot Plan ()
Approved As Shown on Final Plot (✓)
Lot _____ Blk _____ Sec _____

Distance of Well: From Tank _____
From Drainfield _____

Have Tank and Drain Lines Inspected by a rep-
resentative of the Onslow County Health Center
before covering.

Installed By _____

Certificate of Completion by C. Jamier

Date 12/6/83

*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

IMPROVEMENTS PERMIT

(GROUND ABSORPTION SEWAGE DISPOSAL SYSTEM—
G. S. CHAPTER 130 ARTICLE 13C)

OWNER Michael W Redd
Address Rt 1 Maysville S.R. No. 1434
Location _____

Water Supply Private () Community () Mobile Home Park ()
HOUSE (X) MOBILE HOME () BUSINESS ()
NO. BEDROOMS 3 NO. BATHROOMS _____
Suitable () Prov. Suitable () Unsuitable ()

Locate Tank and Lines _____
Min. 100 Feet () Min. 50 Feet () From Well

Size of Septic Tank 1000 Gal.

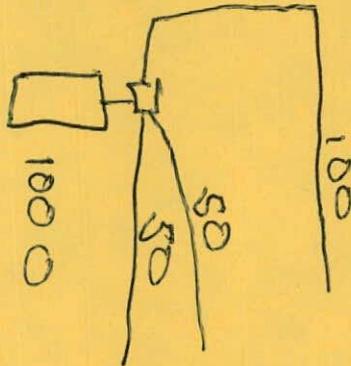
Nitrification Lines 600 sq. Ft. 200 lin. Ft.
No. of lines _____

IMPROVEMENTS PERMIT BY R. Neville

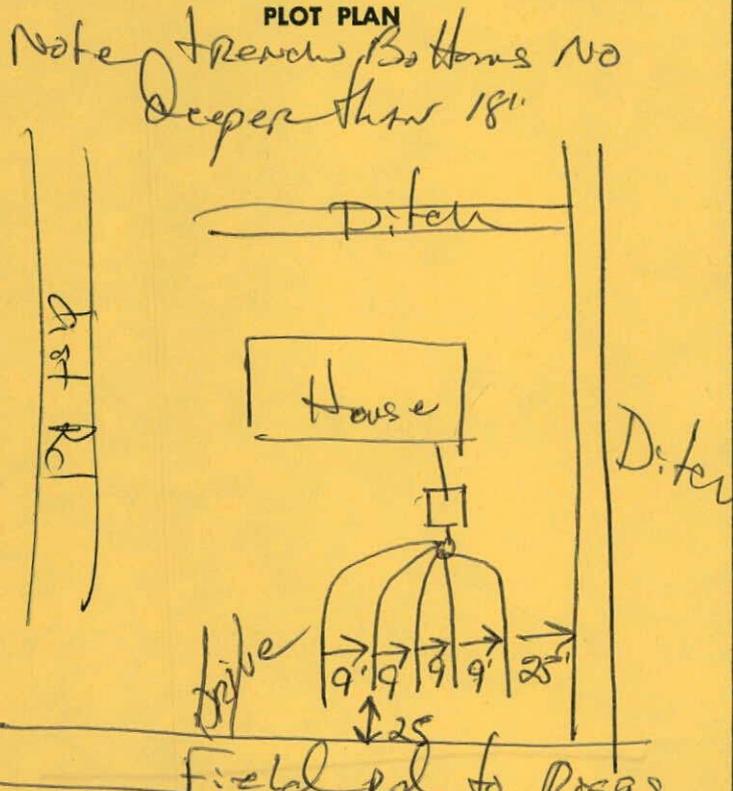
DATE 15 July 83

PERMIT VALID FOR THREE YEARS

FINAL PLOT



PLOT PLAN



Do Not Alter the Above Layout Without Contacting
The Onslow County Health Department