

BRUNSWICK COUNTY HEALTH DEPARTMENT

TYPE: PH
FILE NO.: 00 / 54311
00028614

DATE REC.: 0-0-00
WILLIAMS JOHN P

P.I.N.: 85.00 233HA118

REC. FROM: PO BOX 2522 AMT. PD.: WILMINGTON TAX PARCEL: 28402
ADDRESS: WILMINGTON CITY: NC ST: 28402 ZIP: 910452-0001
PHONE: 910452-0001

CURRENT PROPERTY OWNER: SEASCAPE @ HOLDEN PLANTATION / SEASCAPE @ HOLDEN PL
SUBDIVISION: SEASCAPE @ HOLDEN PL LOT: 118 BLK: 1A SEC: 1A

VARNAMTOWN
PROPERTY LOCATED. TOWN/CITY/AREA: VARNAMTOWN DIRECTIONS TO PROPERTY: 630 VALVERDA ST SW
175 L 211 R STONE CH IMNEY R HOLDEN

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE.

NEW REVISION REPAIR RELOCATION

NOTE: All the conditions specified on the IMPROVEMENT PERMIT must be met.

Design Flow: 360 gpd. Septic tank size: 700 gal.

No. Bedrooms 3 No. occupants/employees 6 Max. Trench/Bed Bottom Depth: 18 inches

No. Lines: 3 Length each: 40' Bed dimensions: N/A

Fill Check: Date: Approved: Authorized Agent:

NOTES:
1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. All components of the septic systems shall be located 100 feet if possible but not less than 50 feet to all existing and future wells on this parcel and adjacent parcels.

PERMIT ISSUE DATE: 6/7/2000 (Expires 60 Months from date of issue.)

PERMIT NOT VALID UNLESS SIGNED BY AUTHORIZED AGENT: *Jonathan Y C*

(NOT TO SCALE)

** See attached Site Plan for layout*

Wastewater System Installer: Date: 9/4/01

Comments: (tank info/barrier approved) Date: 7/17/01
STRZ8
Q5T900

OPERATION PERMIT: Date: 9/6/01

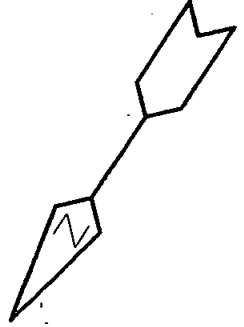
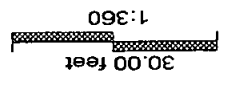
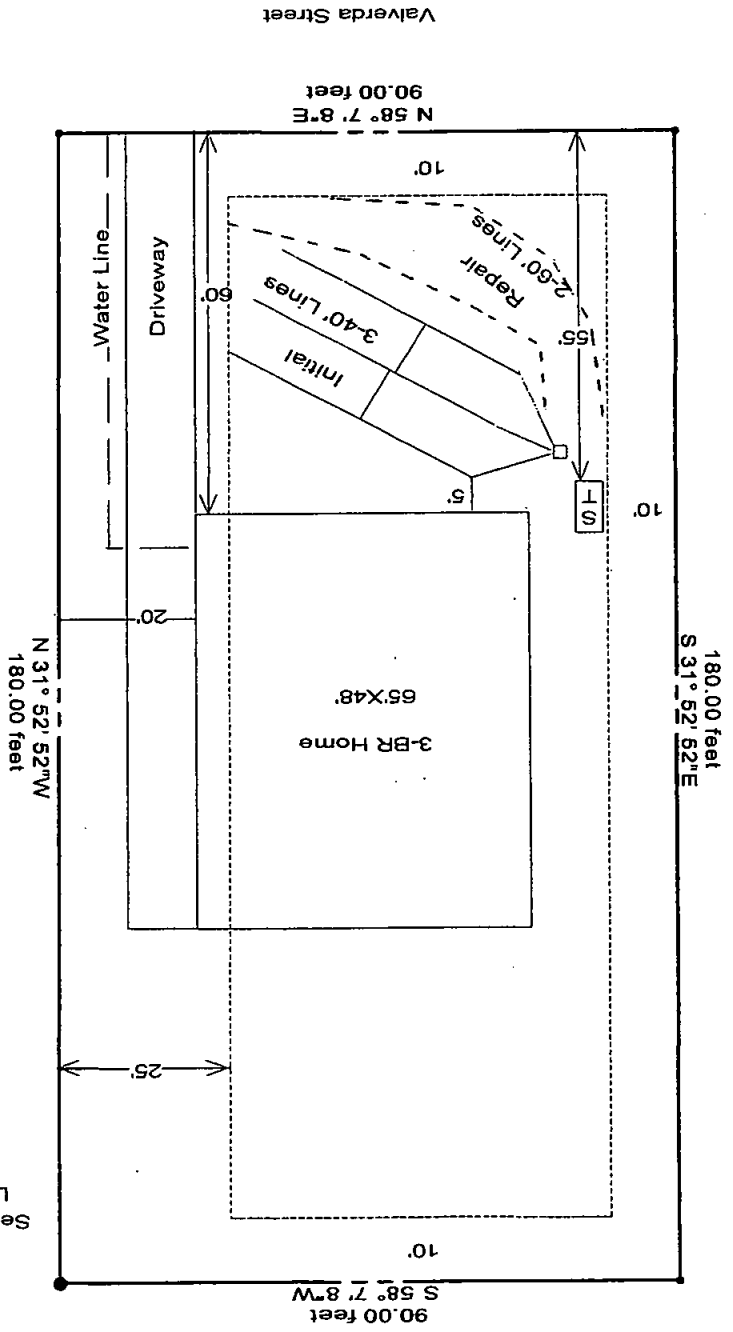
Authorized Agent Signature

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

*Brunswick County Health Department
 25 Courthouse Drive NE
 PO Box 9, Bolina, NC 28422-0009
 Telephone: 910-253-2250*

Authorization for Wastewater Construction Permit
 PERMIT SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE.

Seascape Sub
 Lot 118



PERMIT ISSUE DATE: 6/17/2000 (Expires 60 Months from date of issue.)

PERMIT NOT VALID UNLESS SIGNED BY AUTHORIZED AGENT: *[Signature]*