



BREAK

**Carteret County  
Environmental Health**

**Section: Current Wastewater Information**

Form: HB-296  
- CCHD

SEA GATE  
L-9 W

95526

**ENVIRONMENTAL HEALTH DIVISION  
CARTERET COUNTY HEALTH DEPARTMENT**

CERTIFICATE OF COMPLETION: (Ground Absorption Sewage Disposal System - G-S Chapter 130 - Article 13c)

OWNER: David G. Swingle DATE: 9-15-83

INSTALLER: [Signature] DATE COMPLETED: [Signature]

Notice: This certification of completion in no way binds the Public Health Sanitation Division of Carteret County Health Department nor implies a guarantee that this system will function in all circumstances, but that the system is properly installed in accordance with applicable rules and regulations of the Carteret County Health Department and can reasonably be expected to perform properly under normal conditions of use and maintenance.

By: [Signature]

**ENVIRONMENTAL HEALTH DIVISION  
CARTERET COUNTY HEALTH DEPARTMENT**

LAND USE

IMPROVEMENT PERMIT *U*

95526

OWNER: *BIANCA Swingle*

PHONE: *447-8228* DATE: *9-15-83*

ADDRESS: *38 1/2 Foxsyth Rd,  
Cherry Point, N.C. 28533*

*\* Keep septic tank & AIRLINES up high*

PROPERTY LOCATION: *Sea Gate  
Lot 9 BIK W*

TYPE STRUCTURE: *House*

NO. BEDROOMS: *5* NO. BATHS: *2*

WATER SOURCE: *Comm. well*

GARBAGE GRINDER: YES ( ) NO (*X*)

AUTO DISHWASHER: YES (*X*) NO ( )

AUTO WASHING MACHINE: YES (*X*) NO ( )

Perc. Rate (if applicable): *Prov. Suitable*

SIZE OF TANK: *1200* GAL.

NO. LINES: *4* WIDTH: *36"*

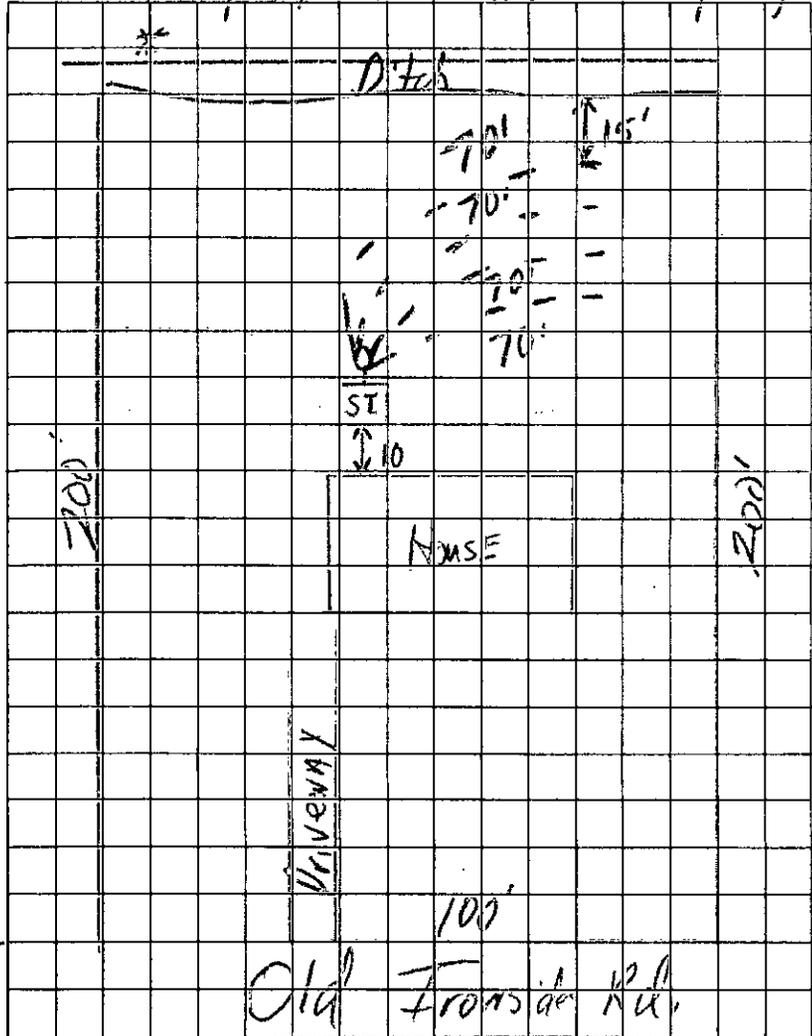
TOTAL: *840* SQ. FT.

TOTAL LENGTH: *280* FT.

HORIZONTAL DISTANCE FROM WELL: *N/A* FT.

**NOTICE:** Construction must comply with all state and local regulations. Do not install well until well site has been approved. Do not cover any portion of system until approved on final inspection.

IMPROVEMENTS PERMIT BY: *[Signature]*  
Agent



**ENVIRONMENTAL HEALTH DIVISION  
CARTERET COUNTY HEALTH DEPARTMENT  
BEAUFORT, N.C. 28516**