

**ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516 (919) 728-8499**

7432

CERTIFICATE OF COMPLETION:

Ground Absorption Sewage Disposal System G.S. 130A-337
Notice: This certificate of completion in no way binds the Environmental Health 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 Article 11, Chapter 130A of the North Carolina General Statutes.

OWNER: Ker Edwards

SITE LOCATION: 104 Eden Ct.
Pine Knoll Shores, NC 28512

INSTALLER: _____

INSTALLATION INSPECTED BY: D. Bray

DATE: 4-26-94

ELECTRICAL INSPECTION BY: _____

DATE: _____

LANDSCAPE INSPECTION BY: _____

DATE: _____

CERTIFICATE OF COMPLETION DATE: ~~4-29-94~~ 4-27-94

BY: D. Bray

*ADDITIONAL REQUIREMENTS ON BACK OF PERMIT

REMARKS: _____

- New Construction
- Repair
- Existing System

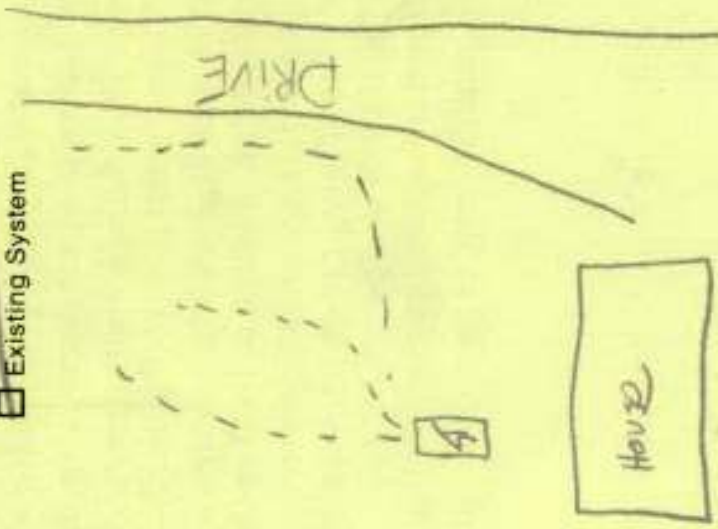


DIAGRAM OF INSTALLATION AS INSTALLED
(if different from Improvement Permit layout)

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G.S. 130A-336*

IMPROVEMENT PERMIT

VALID FOR 60 MONTHS

Subject to revocation if site plans or if site is altered or intended use is changed.

ELECTRICAL PERMIT REQUIRED: Yes () No ()
 OPERATIONS PERMIT REQUIRED: Yes () No ()

OWNER: Rox Edwards

ADDRESS: 104 Elm Ct. Pine Knoll

Shores, NC 28512 PHONE: 2863158

PROPERTY LOCATION: Pine Knoll Shores

104 Elm Ct.

DATE 4-15-94

M.E. CLASSIFICATION _____

- New Construction
 Repair
 Existing System

*SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS

*Trench bottom depth to be no deeper than existing lines naturally-occurring surface.

SUBDIVISION: _____
 LOT: _____ BLOCK: _____
 TYPE STRUCTURE: House NO. BATHS: 2 1/2
 NO. BEDROOMS: 4 NO. PEOPLE: 8 or less
 DESIGN FLOW: 450 GARBAGE GRINDER: Yes () No ()
 SEPTIC TANK: existing GAL. PUMP TANK: 114 GAL.
 NO. LINES: 3 WIDTH: _____ FT. TOTAL: 400 SQ. FT.
 WATER SOURCE: City
 HORIZONTAL DISTANCE FROM WELL: 50+ FT.
 SITE MODIFIED: Yes () No ()
 DRAINAGE REQUIREMENTS: Surface to shed surface water
 EASEMENT REQUIRED: _____ Yes _____ No _____
 DRAINAGE MAINTENANCE REQ.: Surface () Sub-surface ()
 * MAINTAIN MINIMUM 10' FROM WATER LINE

COMMENTS: Keep all parts of septic system 6' from Home
 *Prior to any change in system layout, approval must be obtained from Health Department.
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 the system until approved on inspection.
NOTICE: Beware, much property in Carteret County is subject to Wetland Regulations and properties containing wetlands should receive approval from U.S. Army Corp of Engineers prior to development.
 **ADDITIONAL REQUIREMENTS ON BACK OF PERMIT.
 IMPROVEMENTS PERMIT BY: _____
 ENVIRONMENTAL HEALTH SPECIALIST

