

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

OPERATION PERMIT 7700994
IMPROVEMENT PERMIT A-2760
YEAR INSTALLED 1998

**SYSTEM TYPE II
OPERATION PERMIT**

OWNER: Allen Venson
MAILING ADDRESS: 338 Whitehouse Fork Rd
CITY, STATE, ZIP: Swansboro NC 28584
BUSINESS PHONE: 893-8938 HOME PHONE: _____
PROPERTY LOCATION: Venson's MHP Lot #1

SYSTEM DESCRIPTION: 1000gal tank 2 lines of 80' CONV. System 12" TR

DESIGN DAILY SEWAGE FLOW 240gpd. BASED ON Bedrooms (2)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 9-23-98 INSPECTED BY: R.K.
INSTALLER: Boogie Sound.

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:
NAME: Same as above ADDRESS: _____

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

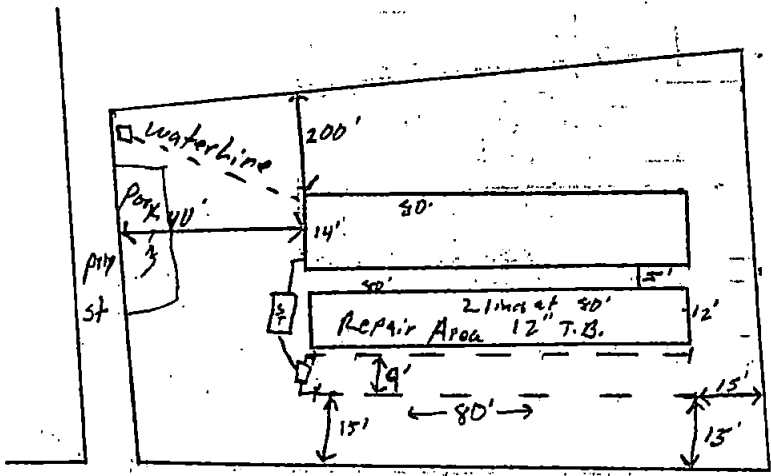
ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.

SITE PLAN



Buck's Corner Rd

ELECTRICAL PERMIT REQUIRED: YES () NO (X)
 OWNER: Allen Walter Vinson
 ADDRESS: 338 Whitehouse Fork Rd.
Swainsboro, NC. PHONE 393-8838
 TAX PARCEL: 538501091096
 PROPERTY LOCATION: Corner of Buck's Corner
and Whitehouse Rd.
 SUBDIVISION: Vinsons M.H.P
 LOT: 1 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: MH
 NO. BEDROOMS: 2 NO. BATHS: 2
 NO. PEOPLE: 54 DESIGN FLOW: 240
 GARBAGE GRINDER: YES () NO (X)
 SEPTIC TANK: 1000 GAL. PUMP TANK: _____ GAL.
 NO. LINES: 2 @ 80 WIDTH: 3
 TOTAL LENGTH: 160 FT. TOTAL 480 SQ. FT.
 WATER SOURCE: West Carteret Water Corp.
 HORIZONTAL DISTANCE FROM WELL: _____ FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**

*Trench bottom depth to be no deeper than 12" below naturally occurring surface.

Easement Required: _____ Yes No

Drainage Maintenance Req. Surface (X) Subsurface ()

Maintain Minimum 10' From Water Line

Comments: _____

* Prior to any changes 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 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.

STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.

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

OPERATION PERMIT T.C. 0998
IMPROVEMENT PERMIT A-3759
YEAR INSTALLED 1998

2
**SYSTEM TYPE II
OPERATION PERMIT**

OWNER: Allen Vinson
MAILING ADDRESS: 338 Whitehouse Fork Rd.
CITY, STATE, ZIP: Swansboro N.C. 28584
BUSINESS PHONE: 993-8939 HOME PHONE: _____
PROPERTY LOCATION: Vinsons MHP Lot #2

SYSTEM DESCRIPTION: 1000gal tank D-Box 3 lines at 80' @ 12"

T.B. Ann. System
DESIGN DAILY SEWAGE FLOW 240 gpd 360 gpd BASED ON Bedrooms (3)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 9-23-98 INSPECTED BY: BK.

INSTALLER: Bogue Sound.

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:
NAME: Same as above ADDRESS: _____

- *It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
- *If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

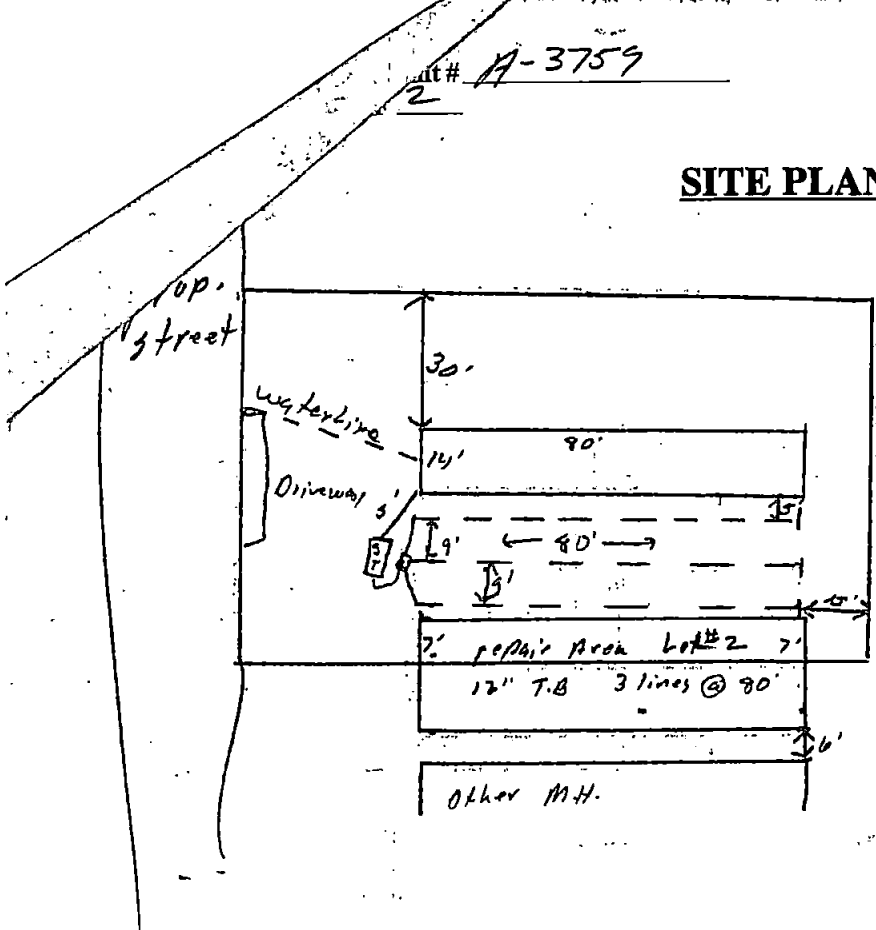
ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article Ii of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.

SITE PLAN



ELECTRICAL PERMIT REQUIRED: YES () NO (X)
 OWNER: Allen Walter Vinson
 ADDRESS: 338 White House Fork Rd.
Swainsboro NC PHONE 393-8939
 TAX PARCEL: 53856109096
 PROPERTY LOCATION: Corner of Bucks Rd
and White House Fork Rd
 SUBDIVISION: Vinsons MHP
 LOT: 2 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: MH
 NO. BEDROOMS: 3 NO. BATHS: 2
 NO. PEOPLE: ≤ 6 DESIGN FLOW: 360
 GARBAGE GRINDER: YES () NO (X)
 SEPTIC TANK: 1000 GAL. PUMP TANK: — GAL.
 NO. LINES: 3 @ 90 WIDTH: 3
 TOTAL LENGTH: 240 FT. TOTAL 720 SQ. FT.
 WATER SOURCE: West Carter of Water Corp
 HORIZONTAL DISTANCE FROM WELL: — FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12" below the naturally occurring surface.

Easement Required: _____ Yes X No
 Drainage Maintenance Req. Surface (X) Subsurface ()
 Maintain Minimum 10' From Water Line
 Comments: _____

- * Prior to any changes 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 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.

• STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.

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

OPERATION PERMIT HC0998
IMPROVEMENT PERMIT A3892
YEAR INSTALLED 78

3
**SYSTEM TYPE II
OPERATION PERMIT**

OWNER: Vinson Allen
MAILING ADDRESS: 338 Whitehouse Fork Rd.
CITY, STATE, ZIP: Swainboro NC 28584
BUSINESS PHONE: 893-8939 HOME PHONE: _____
PROPERTY LOCATION: Vinsons M.H.P. Lot #3

SYSTEM DESCRIPTION: 1000 gal Tank - D-Box 3 lines at 55' 12" T.B.
Conv. System

DESIGN DAILY SEWAGE FLOW 240 gpd BASED ON Bedrooms (2)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 9-23-78 INSPECTED BY: BK

INSTALLER: Bayco Sound

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:
NAME: Same as above ADDRESS: _____

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

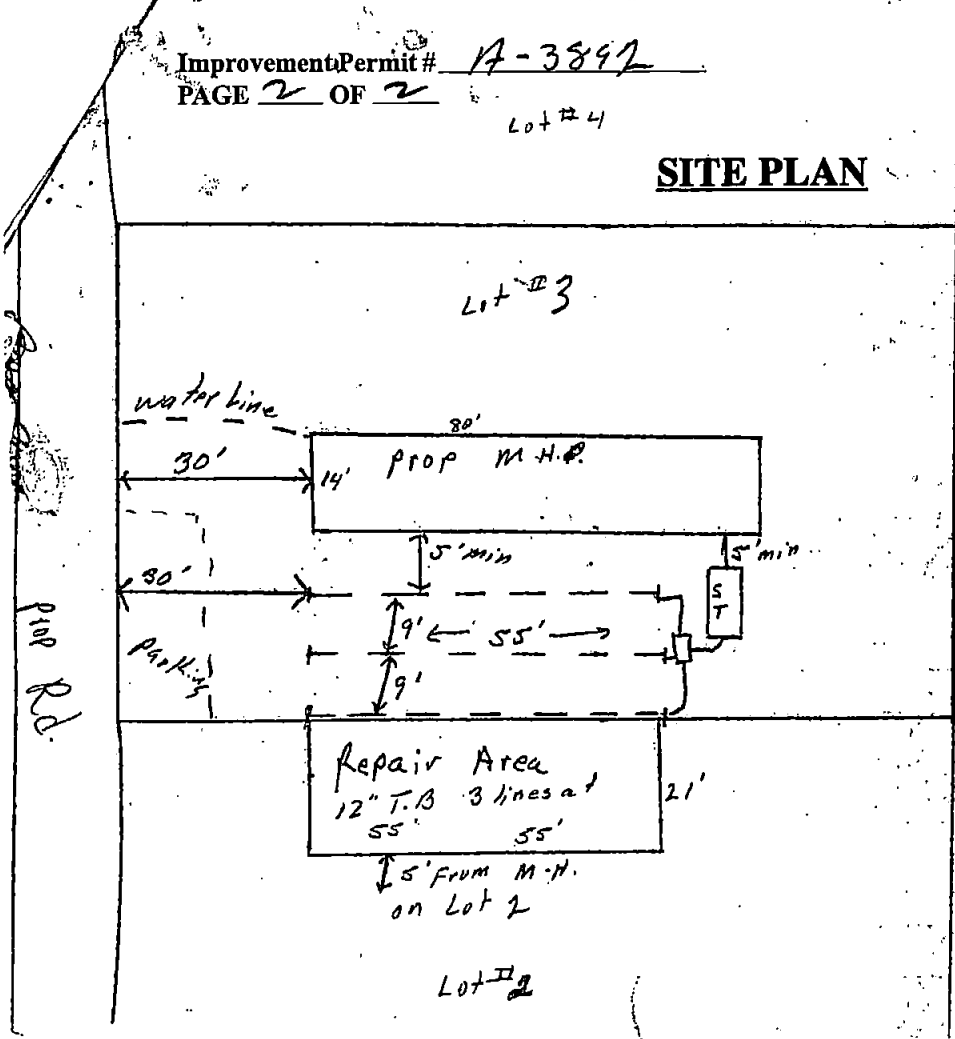
ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.

SITE PLAN



ELECTRICAL PERMIT REQUIRED: YES () NO (X)
 OWNER: Allen Walter Vinson
 ADDRESS: 338 Whitehouse Fork Rd.
Surrounds NC 25534 PHONE 393-8939
 TAX PARCEL: 538501091096
 PROPERTY LOCATION: Corner of Whitehouse
Fork Rd and Buaks Corner Rd.
 SUBDIVISION: Vinsons M.H.P.
 LOT: 3 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: M.H.
 NO. BEDROOMS: 2 NO. BATHS: 2
 NO. PEOPLE: 4 DESIGN FLOW: 240
 GARBAGE GRINDER: YES () NO (X)
 SEPTIC TANK: 1000 GAL. PUMP TANK: - GAL.
 NO. LINES: 3 @ 55' WIDTH: 3
 TOTAL LENGTH: 165 FT. TOTAL 495 SQ. FT.
 WATER SOURCE: West Carteret Water Corp
 HORIZONTAL DISTANCE FROM WELL: - FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12"
T.B. naturally occurring surface.

Easement Required: _____ Yes _____ No
 Drainage Maintenance Req. Surface () Subsurface ()
 Maintain Minimum 10' From Water Line
 Comments: 6" Cap will be needed
after installation of septic system.

* Prior to any changes 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 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.

• STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.

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

OPERATION PERMIT TIC 0598
IMPROVEMENT PERMIT A-2894
YEAR INSTALLED 1998

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Allen Vinson
MAILING ADDRESS: 338 White House Fork Rd.
CITY, STATE, ZIP: Swainboro N.C. 28584
BUSINESS PHONE: 313-8939 HOME PHONE: _____
PROPERTY LOCATION: Vinson M.H.P Lot #4
SYSTEM DESCRIPTION: 1000 gal tank, D-Box, 3 lines @ 55' 12" TB
Conv. System
DESIGN DAILY SEWAGE FLOW 240 gpd BASED ON Bedrooms (2)
(beds, seats, people, etc.)
DATE OF INSTALLATION INSPECTION: 9-23-98 INSPECTED BY: B.K.
INSTALLER: Bogue Sound
COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:

NAME: Same as Above ADDRESS: _____

- *It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
- *If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

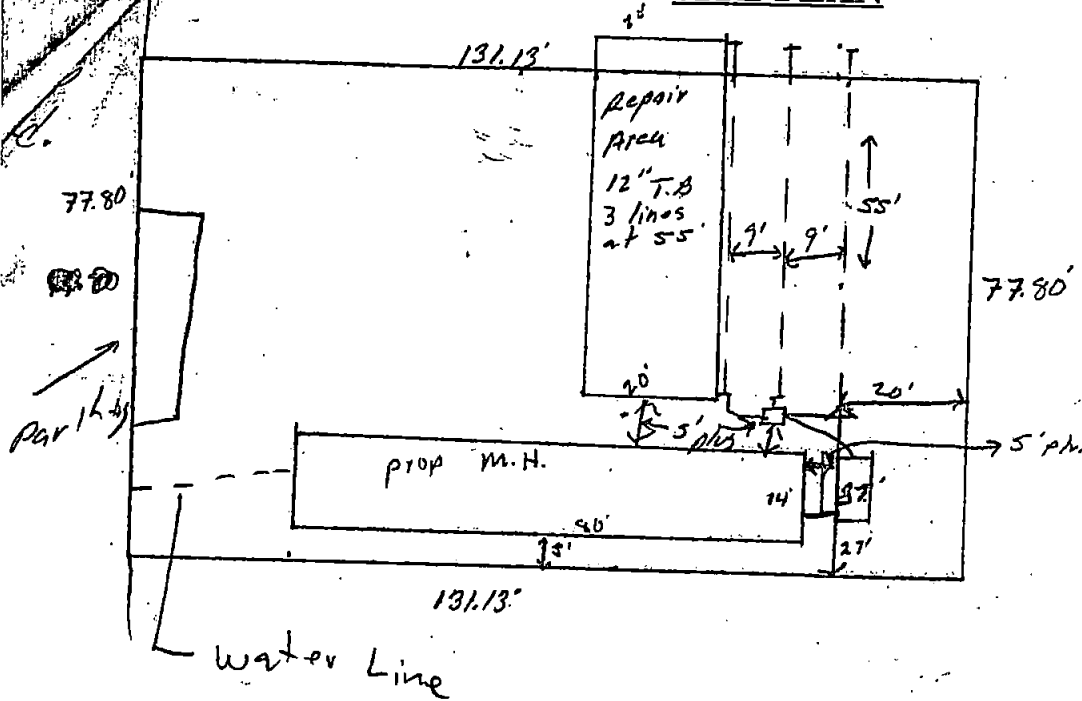
ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

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1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.
9. Provide positive surface drainage over drainfield area, seed with perennial grass to prevent erosion and keep area mowed.

SITE PLAN



ELECTRICAL PERMIT REQUIRED: YES () NO (X)

OWNER: Allen Vensin

ADDRESS: 388 Whitehouse Fork Rd.

Sarasota N.C. PHONE 393-8939

TAX PARCEL: 538501091096

PROPERTY LOCATION: Corner of Brooks Corner

and Whitehouse Fork Rd.

SUBDIVISION: Vinsons MHP

LOT: 4 BLOCK: _____ SEC: _____

TYPE STRUCTURE: M.H.

NO. BEDROOMS: 2 NO. BATHS: 2

NO. PEOPLE: 4 DESIGN FLOW: 240

GARBAGE GRINDER: YES () NO (X)

SEPTIC TANK: 1100 GAL. PUMP TANK: — GAL.

NO. LINES: 3 @ 55 WIDTH: 3

TOTAL LENGTH: 165 FT. TOTAL 495 SQ. FT.

WATER SOURCE: West Carteret

HORIZONTAL DISTANCE FROM WELL: _____ FT.

SITE MODIFIED: YES () NO ()

DRAINAGE REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**

*Trench bottom depth to be no deeper than 12"

below the naturally occurring surface.

Easement Required: _____ Yes X No _____

Drainage Maintenance Req. Surface (X) Subsurface ()

Maintain Minimum 10' From Water Line

Comments: 6" cover will be needed after installation of system

*Prior to any changes 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 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.

• STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.

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

OPERATION PERMIT 1100998
IMPROVEMENT PERMIT A-3876
YEAR INSTALLED 12/1998

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Allen Vroman
MAILING ADDRESS: 338 White Horse Fork Rd
CITY, STATE, ZIP: Summit NC 28584
BUSINESS PHONE: 393-8938 HOME PHONE: _____
PROPERTY LOCATION: Vinsons Mill Rd Lot #5

SYSTEM DESCRIPTION: 1000 gal tank 12" dia 3 lines @ 55' 12" TB
Cover System

DESIGN DAILY SEWAGE FLOW 240 gal per day BASED ON Bedrooms (3)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 12-23-98 INSPECTED BY: RA

INSTALLER: Boyer Sound

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:

NAME: Same as above ADDRESS: _____

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.

*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.

REQUIRED.

_____ and keep area mowed.



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Division
3820 Bridges Street, Suite A, Morehead City NC 28557

Existing System #: 6170
Operation Permit #: 11c0998

SATISFACTORY EXISTING SYSTEM AUTHORIZATION TO CONNECT

*No authorization to construct shall be issued until all modifications have been completed and approved by this office.

OWNER: Erich Hammenle
ADDRESS: 3845 8th Lane

PHONE #: (772) 480-0754

APPLICANT: Stephen Melito
ADDRESS: 187 Bucks Corner Rd
Lot 6
PHONE #: (910) 467-9123

PARCEL ID: 538501091096000

PROPERTY LOCATION: 190 Bucks Corner Rd Peletier Peletier, NC 28584 Subdivision Bucks Corner MHP II, Lot 6

PURPOSE OF REQUEST: MH connection

DESIGN FLOW: 240
SYSTEM CLASSIFICATION: Type IIc: Conventional
System with Shallow Placement
WATER SUPPLY: Municipal

FACILITY TYPE: Single Family
BEDROOMS: 2
OCCUPANTS: 4 MAX

Septic tank: 1000 (gal)

Dosing tank: _____ (gal)

lines: 3

Length of lines: 80 (ft)

Bed width: 0 (ft)

Bed length: 0 (ft)

Comments: Mobile home and porches shall remain a min. of 5' from any part of the system. Driving or parking on system is not permitted and could result in premature failure of the system.

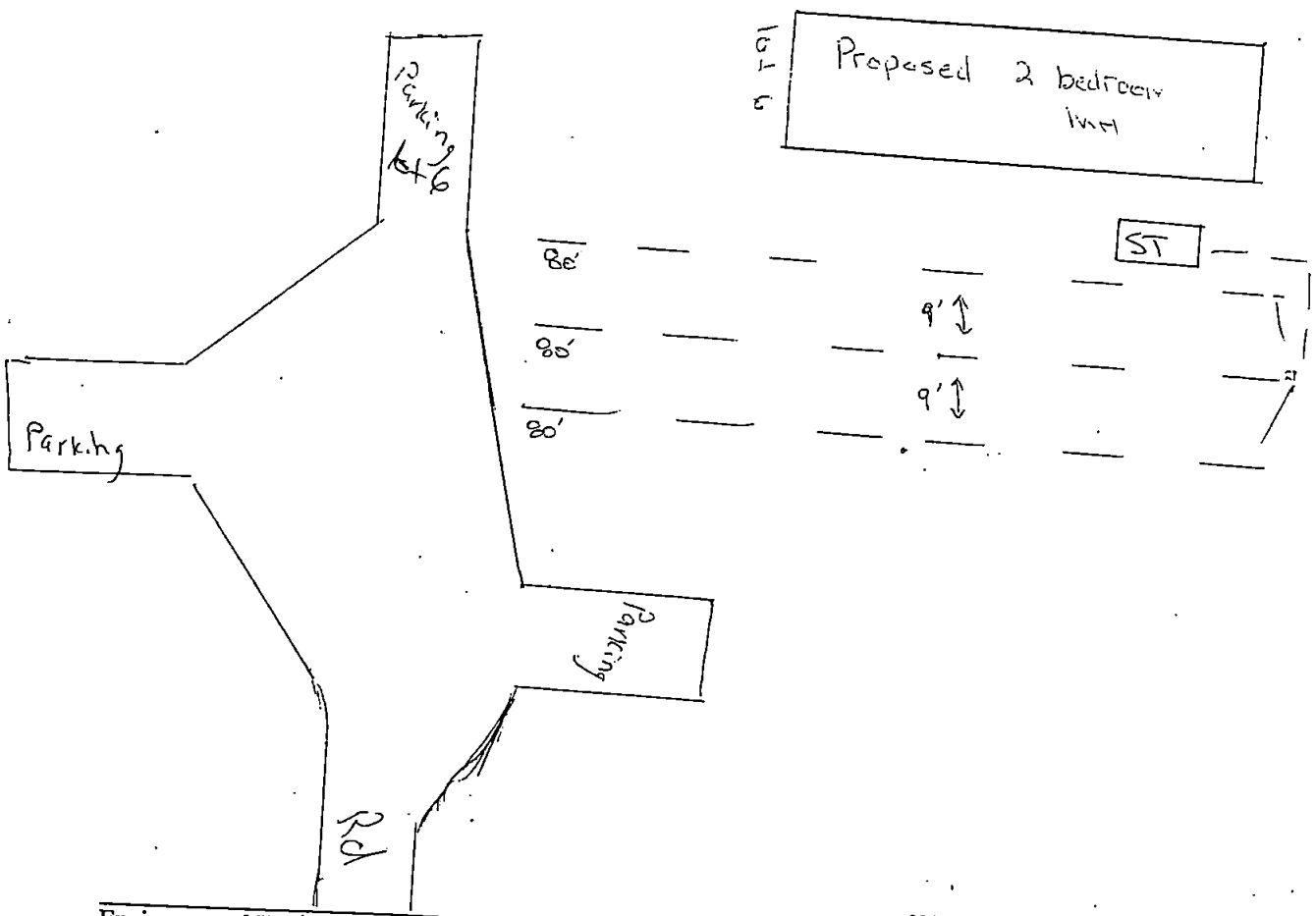
Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A.1900) of all conditions of this permit including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
2. In the event the system fails, a repair must be permitted and installed within 30 days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flow is achieved or a pump system shall be required.
7. Do not park, pave, drive or build over any part of the septic system or repair area.
8. Maintain a minimum of five (5) feet between any foundation and any part of the septic system and repair area.

Existing System #: 6170
Operation Permit #: IIC0998

The Carteret County Health Department reserves the right to make inspections of these sewage collection treatment and disposal facilities as necessary to assure compliance with the provisions of this permit and the North Carolina Laws and Rules for Sewage Treatment and Disposal systems.

SITE PLAN



Environmental Health Specialist
[Signature]

02/06/2014
Date

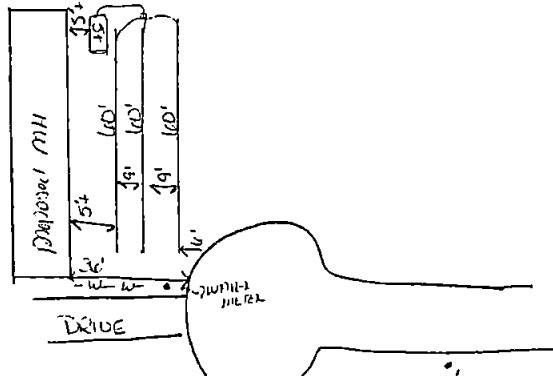
OPERATION PERMIT
SATISFACTORY EXISTING SYSTEM - AUTHORIZATION TO CONNECT

OWNER: Bruna Ketchum
MAILING ADDRESS 140 Dustr Rock
CITY, STATE, ZIP: Newport NC 28570 PHONE: 342-1952
TAX PARCEL: 538501091006 COPY OF ORIGINAL PERMIT AVAILABLE YES NO
PROPERTY LOCATION: Buck's Corner MHP #2 Lot 6
SYSTEM DESCRIPTION: Existing septic tank 3-60' drainlines
DESIGN DAILY SEWAGE FLOW: 240 gpd BASED ON: 2 Bedroom
(BEDROOMS, SEATS, PEOPLE, ETC.)
WATER SOURCE: Community
ADDITIONAL REQUIREMENTS: No sign of failure on date of inspection

This Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G. S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A. 1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
2. In event system fails, repair must be permitted and installed within (30) days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flows is achieved or pump system shall be required.
7. Do not park, pave, drive or build over any part of septic system or repair area.
8. Maintain a minimum 5 feet between any foundation and any part of septic system or repair area.

SITE PLAN



7

OPERATION PERMIT # 11C0604

PERMIT ~~E 2493~~

A-3711

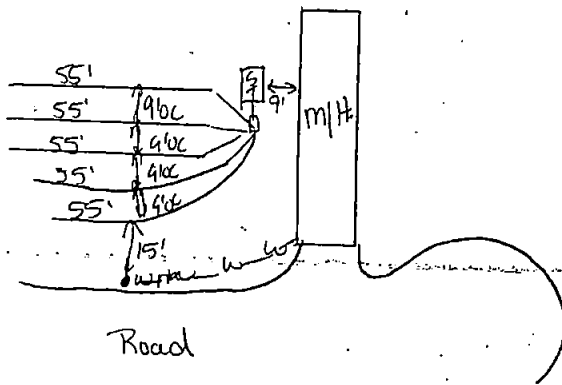
OPERATION PERMIT
 SATISFACTORY EXISTING SYSTEM - AUTHORIZATION TO CONNECT

OWNER: Allen W. Neason
 MAILING ADDRESS: 338 Whitehouse Forks Rd.
 CITY, STATE, ZIP: Swainsboro, NC 28584 PHONE: 353-8749
 TAX PARCEL: 5385.01.09.1096 COPY OF ORIGINAL PERMIT AVAILABLE YES NO
 PROPERTY LOCATION: Bucks Corner MHP #2 lot 7
 SYSTEM DESCRIPTION: Existing septic tank, d-box, 5-55' diam lines
 DESIGN DAILY SEWAGE FLOW: 360 gpd BASED ON: 3 BR
(BEDROOMS, SEATS, PEOPLE, ETC.)
 WATER SOURCE: WCWC
 ADDITIONAL REQUIREMENTS: pump out septic tank every 3-5 years

This Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G. S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
2. In event system fails, repair must be permitted and installed within thirty (30) days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flow is achieved or pump system shall be required.
7. Do not park, pave, drive or build over any part of septic system or repair area.
8. Maintain a minimum 5 feet between any foundation and any part of septic system or repair area.

SITE PLAN



The Carteret County Health Department reserves the right to make inspections of these sewage collection, treatment, and disposal facilities as necessary to assure compliance with the provisions of this Operations Permit and the North Carolina Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal.

ISSUED June 15, 2004
 BY Amy H. Guthrie
 ENVIRONMENTAL HEALTH SPECIALIST

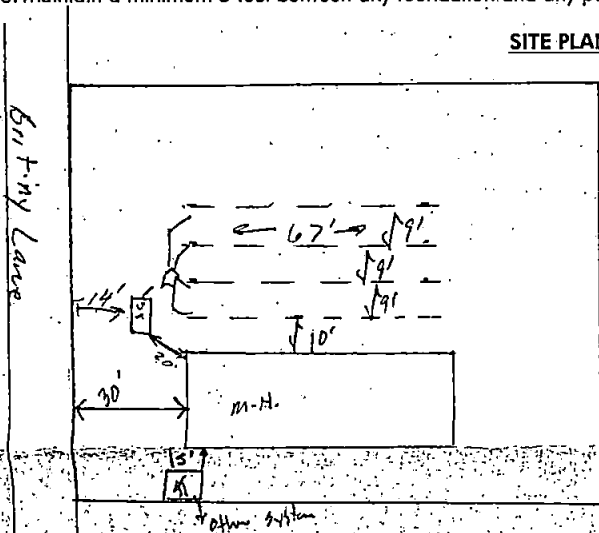
OPERATION PERMIT
 SATISFACTORY EXISTING SYSTEM - AUTHORIZATION TO CONNECT

OWNER: Allen Walter Vinson
 MAILING ADDRESS: 738 White Horse Fork Rd.
 CITY, STATE, ZIP: Beaufort, Swainboro NC PHONE: 323-8739
 TAX PARCEL: 538501091096 COPY OF ORIGINAL PERMIT AVAILABLE YES NO
 PROPERTY LOCATION: Buc. 1/2's Corner M.H.P. #2 Lot 8
 SYSTEM DESCRIPTION: exstank 1000 gal. 0-Box 4 lines @ 67'
18" T.B.
 DESIGN DAILY SEWAGE FLOW: 360 gpd BASED ON: Bedrooms (3)
 (BEDROOMS, SEATS, PEOPLE, ETC.)
 WATER SOURCE: W.C.W.C.
 ADDITIONAL REQUIREMENTS: Move M.H. to right side 5' 30"
porch can be used.

This Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G. S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
2. In event system fails, repair must be permitted and installed within thirty (30) days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flow is achieved or pump system shall be required.
7. Do not park, pave, drive or build over any part of septic system or repair area.
8. Maintain a minimum 5 feet between any foundation and any part of septic system or repair area.

SITE PLAN



- 1) now 10' between M.H. and septic Lines. that way porch can be used.
- 2) remove existing porch over Drain Lines

The Carteret County Health Department reserves the right to make inspections of these sewage collection, treatment, and disposal facilities as necessary to assure compliance with the provisions of this Operations Permit and the North Carolina Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal.

ISSUED 4/18/01 19
 BY [Signature]
 ENVIRONMENTAL HEALTH SPECIALIST

9



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Division
3820 Bridges Street, Suite A, Morehead City NC 28557

Existing System #: 3856
Operation Permit #: N/A

**SATISFACTORY EXISTING SYSTEM
AUTHORIZATION TO CONNECT**

*No authorization to construct shall be issued until all modifications have been completed and approved by this office.

OWNER: ANTHONY MONACO
ADDRESS: 705 WEST WILSON CIRCLE
PHONE #:

APPLICANT: DOUGLAS WRIGHTSON
ADDRESS: 144 EAST IVEYBRIDGE DRIVE
PHONE #: (336) 870-3302

PARCEL ID: 538501091096000
PROPERTY LOCATION: 190 BUCKS CORNER ROAD Carteret County SWANSBORO, NC 28584 Subdivision
BUCKS CORNER MHP #2, Lot 9

PURPOSE OF REQUEST: EXISTING

DESIGN FLOW: 240
SYSTEM CLASSIFICATION: Type IIa: Conventional System
WATER SUPPLY: Municipal

FACILITY TYPE: Single Family
BEDROOMS: 2
OCCUPANTS: 4 ~~M.G.X~~

Septic tank: existing (gal)
Dosing tank: _____ (gal)
lines: 3
Length of lines: 45 (ft)

Bed width: 0 (ft)
Bed length: 0 (ft)

Comments: NO MH AT SITE AT TIME OF INSPECTION. SYSTEM SHOWED NO SIGN OF FAILURE AT TIME OF INSPECTION. IF SYSTEM FAILS A REPAIR APPLICATION WILL NEED TO BE APPLIED FOR.

Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A.1900) of all conditions of this permit including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
- ~~2~~ 2. In the event the system fails, a repair must be permitted and installed within 30 days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
- ~~5~~ 5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flow is achieved or a pump system shall be required.
7. Do not park, pave, drive or build over any part of the septic system or repair area.
- ~~8~~ 8. Maintain a minimum of five (5) feet between any foundation and any part of the septic system and repair area.

Existing System #: 3856
Operation Permit #: N/A

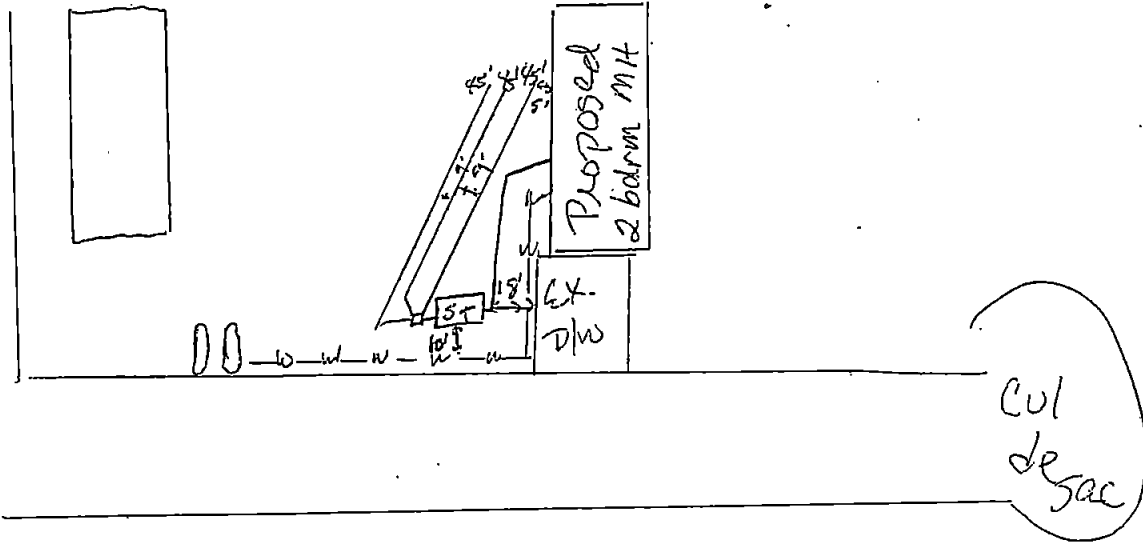
The Carteret County Health Department reserves the right to make inspections of these sewage collection treatment and disposal facilities as necessary to assure compliance with the provisions of this permit and the North Carolina Laws and Rules for Sewage Treatment and Disposal systems.

SITE PLAN

* Not to scale

* Water line cannot be more than 60' from edge of pavement.

* MH must maintain a min of 5' from ST & drainlines



Buck's Corner

J. P. [Signature]
Environmental Health Specialist

04/05/2011
Date

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

OPERATION PERMIT 1100998
IMPROVEMENT PERMIT A-4120
YEAR INSTALLED 1998

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Allen O. Wilson
MAILING ADDRESS: 338 - Whitehouse Fork Rd.
CITY, STATE, ZIP: Swainsboro NC 28584
BUSINESS PHONE: 393-3989 HOME PHONE: _____
PROPERTY LOCATION: Wilson MHP Lot 11

SYSTEM DESCRIPTION: 1000 gal tank D-Box, 3 lines = +67' 18" T.B
Conv. System

DESIGN DAILY SEWAGE FLOW 360 gpd BASED ON Bedrooms (3)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 9-24-98 INSPECTED BY: BK

INSTALLER: Bogive Sound

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:
NAME: Same as Above ADDRESS: _____

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.

*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

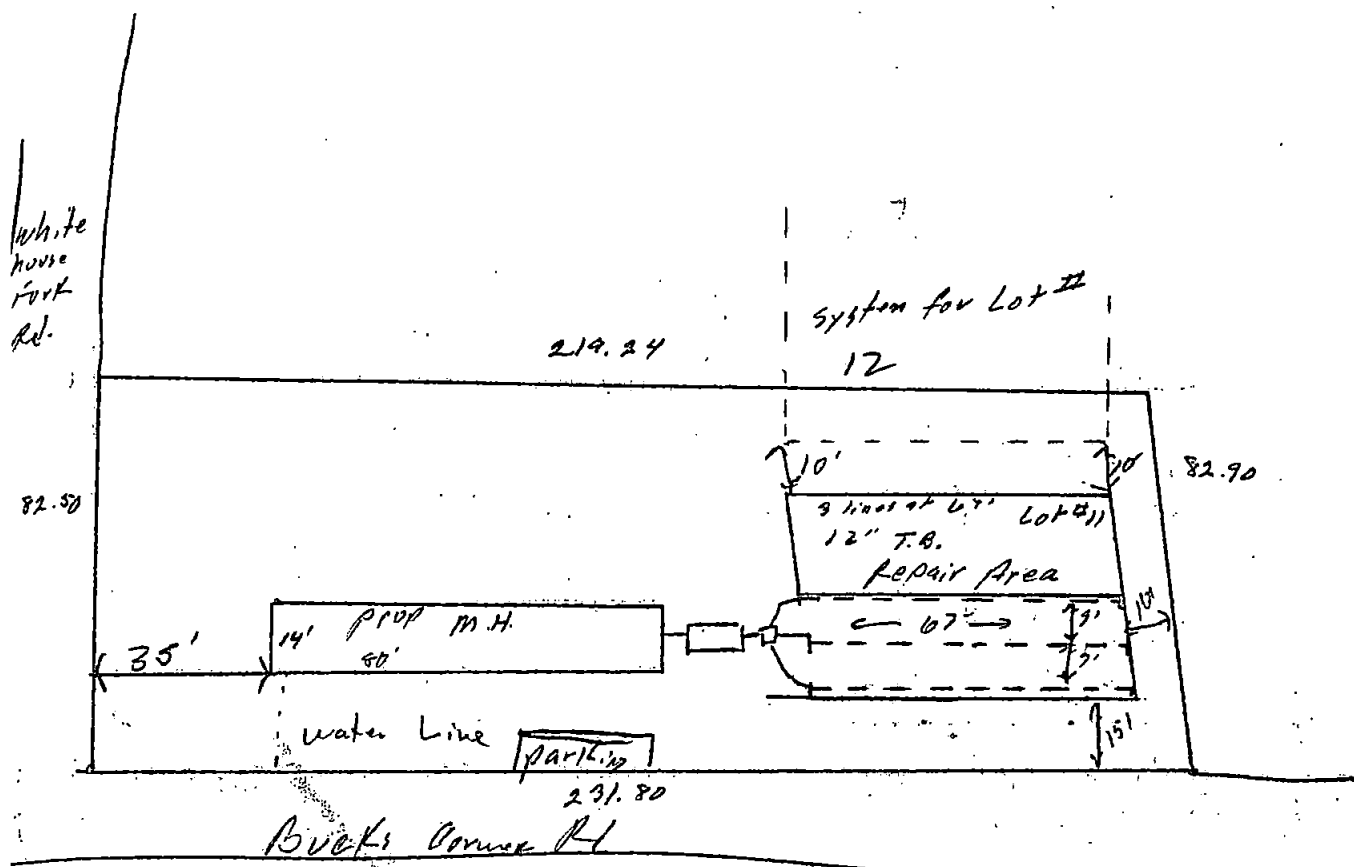
ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.

SITE PLAN



ELECTRICAL PERMIT REQUIRED: YES () NO (X)

OWNER: Allen Pinson

ADDRESS: 338 Whitehouse Fork Rd.
Swanboro NC PHONE 353-9935

TAX PARCEL: 50951091096

PROPERTY LOCATION: Corner of Buck's Corner
and Whitehouse Fork Rd

SUBDIVISION: Pinsons M.H.P.

LOT: 11 BLOCK: _____ SEC: _____

TYPE STRUCTURE: MH

NO. BEDROOMS: 3 NO. BATHS: 2

NO. PEOPLE: 4 DESIGN FLOW: 360

GARBAGE GRINDER: YES () NO (X)

SEPTIC TANK: 1000 GAL. PUMP TANK: _____ GAL.

NO. LINES: 3 @ 67 WIDTH: 3

TOTAL LENGTH: 201 FT. TOTAL 603 SQ. FT.

WATER SOURCE: West Carteret Water Corp

HORIZONTAL DISTANCE FROM WELL: _____ FT.

SITE MODIFIED: YES () NO (X)

DRAINAGE REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12" below naturally occurring surface.

Easement Required: _____ Yes X No

Drainage Maintenance Req. Surface (X) Subsurface ()

Maintain Minimum 10' From Water Line

Comments: 6" cap will be needed
after installation insp.

- * Prior to any changes 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 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.

• STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE

OTHER(S) PRESENT: _____

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

OPERATION PERMIT IL0998
IMPROVEMENT PERMIT A-4321
YEAR INSTALLED 1998

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Allen Vinson
MAILING ADDRESS: 338 Whitehouse Fork Rd.
CITY, STATE, ZIP: Swainsboro NC 28584
BUSINESS PHONE: 893-8939 HOME PHONE: _____
PROPERTY LOCATION: Vinson M.H.P. Lot # 12

SYSTEM DESCRIPTION: 1000gal tank D-Box 4 lines at 68' 12" T.B.
Conv. System

DESIGN DAILY SEWAGE FLOW 240gpd BASED ON Bedrooms (2)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 9-24-98 INSPECTED BY: BK
INSTALLER: Boye Sound

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:
NAME: Same As Above. ADDRESS: _____

*It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
*If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.

If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.

This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.

This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.

Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.

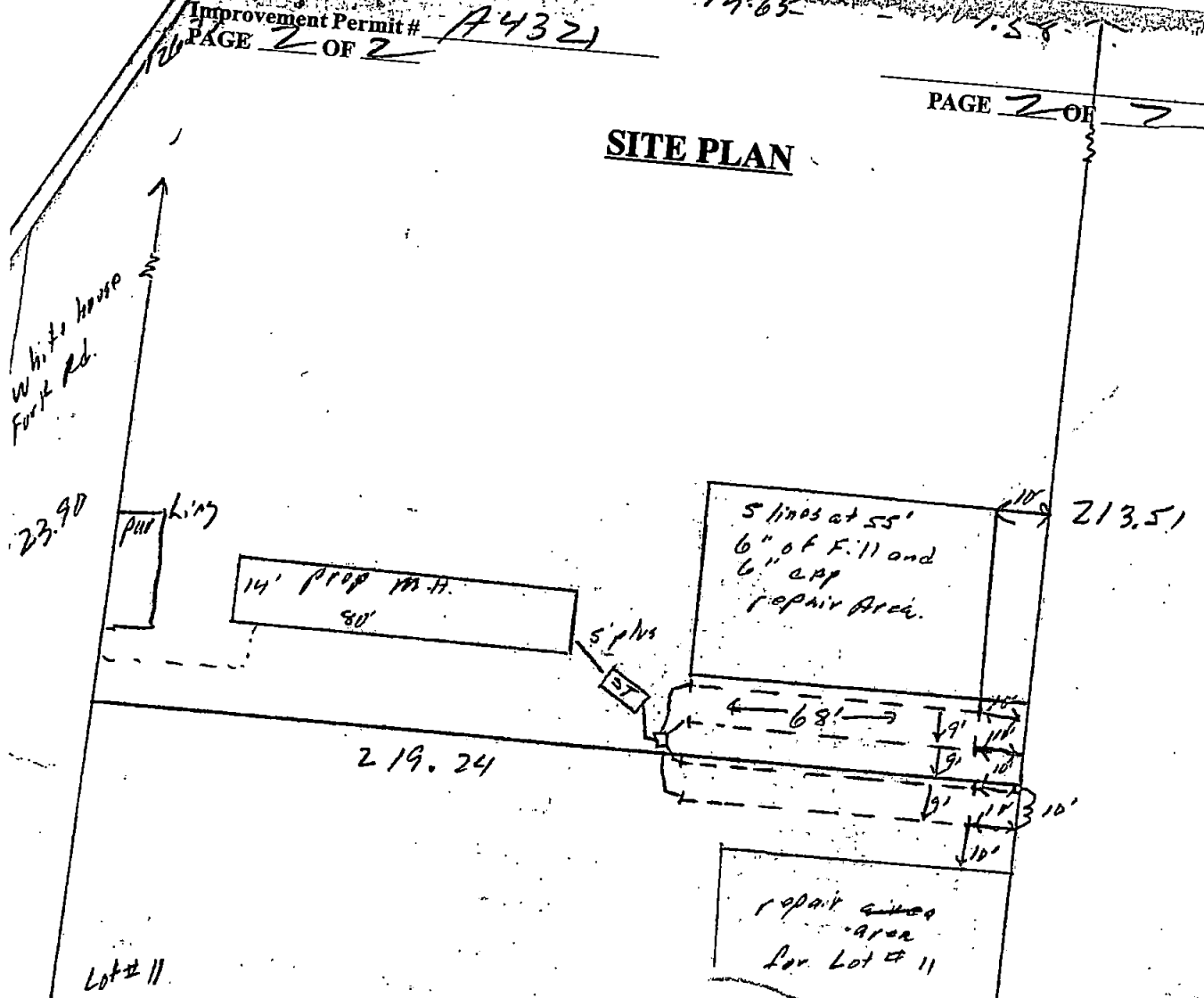
No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.

Water wells should not be constructed without site location approval from the Carteret County Health Department.

In event system fails, repairs must be permitted and installed within thirty (30) days.

Provide positive surface drainage over system.

SITE PLAN



CRITICAL PERMIT REQUIRED: YES () NO (X)

OWNER: Allen Vinson

ADDRESS: 338 Whitehouse Fork Rd.
Windsboro NC PHONE 353-8989

PARCEL: 5385 01 09 10916

PROPERTY LOCATION: Corner of Buck's
road and Whitehouse Fork Rd

VISION: Vinsons M.H.P.
12

BLOCK: _____ SEC: _____

STRUCTURE: M.H.

ROOMS: 2 NO. BATHS: 2

PILE: E4 DESIGN FLOW: 240

WET GRINDER: YES () NO (X)

WELL BANK: 1000 GAL. PUMP TANK: _____ GAL.

WELL SIZE: 4065 WIDTH: 3

WELL LENGTH: 277 FT. TOTAL 816 SQ. FT.

WELL SOURCE: West Carteret Water Corp

WELL DISTANCE FROM WELL: _____ FT.

WELL INSPECTED: YES () NO (X)

WELL REQUIREMENTS: _____

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12" below the naturally occurring surface

Easement Required: _____ Yes X No

Drainage Maintenance Req. Surface (X) Subsurface ()

Maintain Minimum 10' From Water Line

Comments: 6" CAP is needed after installation inspection

*Prior to any changes 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 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.

WELLS SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE USED.

DO NOT MARK, PAVE, DRIVE, OR BUILD OVER ANY PART OF THE SYSTEM.



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Division
3820 Bridges Street, Suite A, Morehead City NC 28557

Existing System #: 4386
Operation Permit #: N/A

SATISFACTORY EXISTING SYSTEM AUTHORIZATION TO CONNECT

*No authorization to construct shall be issued until all modifications have been completed and approved by this office.

OWNER: ANTHONY MONACO
ADDRESS: 3845 8TH LANE

APPLICANT: JERRAD TYSINGER
ADDRESS: 436 OLD CHURCH ROAD

PHONE #: (772) 794-9604

PHONE #: (252) 241-1968

PARCEL ID: 538501091096000

PROPERTY LOCATION: 190 BUCKS CORNER ROAD Carteret County SWANSBORO, NC 28584
Subdivision BUCKS CORNER MHP #2, Lot 12

PURPOSE OF REQUEST: EXISTING

DESIGN FLOW: 360

FACILITY TYPE: Single Family

SYSTEM CLASSIFICATION: Type IIc: Conventional
System with Shallow Placement

BEDROOMS: 3
OCCUPANTS: 6

WATER SUPPLY: Municipal

Septic tank: existing (gal)

Bed width: 0 (ft)

Dosing tank: _____ (gal)

Bed length: 0 (ft)

lines: 3

Length of lines: 60 (ft)

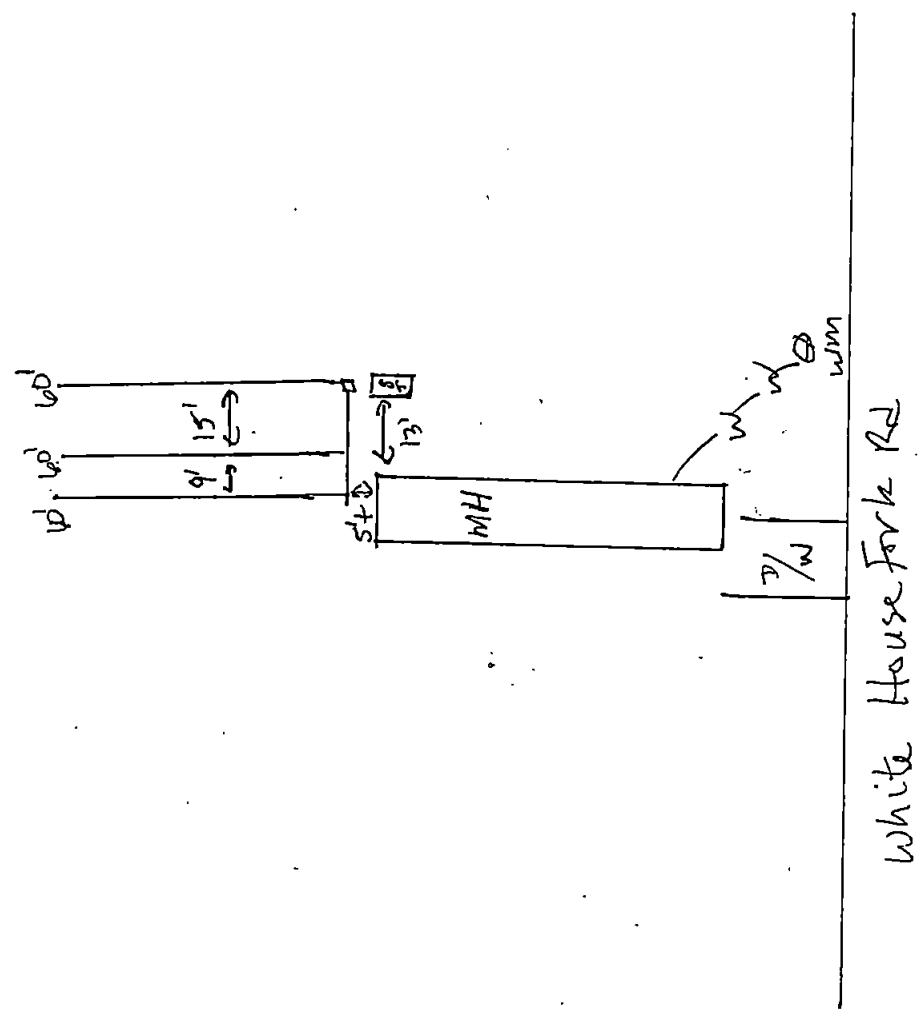
Comments: Septic system showed no signs of failure at time of inspection.

Operation Permit shall be valid as long as the sanitary sewage system is in compliance with Article 11 of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems (15 NCAC 18A.1900) of all conditions of this permit including the items specified below.

1. The sewage collection, treatment and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage effluent to the surface of the ground or surface waters, and to prevent the direct discharge of effluent to the ground water.
2. In the event the system fails, a repair must be permitted and installed within 30 days.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. Structure shall be placed so that gravity flow is achieved or a pump system shall be required.
7. Do not park, pave, drive or build over any part of the septic system or repair area.
8. Maintain a minimum of five (5) feet between any foundation and any part of the septic system and repair area.

The Carteret County Health Department reserves the right to make inspections of these sewage collection treatment and disposal facilities as necessary to assure compliance with the provisions of this permit and the North Carolina Laws and Rules for Sewage Treatment and Disposal systems.

SITE PLAN * NTS



M. Bruce, RSHS
Environmental Health Specialist

12/02/2011
Date