

ONslow COUNTY HEALTH CENTER
JACKSONVILLE, N. C.

CERTIFICATE OF COMPLETION

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

No. 4414

OWNER *Ralph J. Strather*
Location *Sneads Ferry* S.R. No. *1523*

S/D _____ Lot _____ Blk _____ Sec _____

Street _____

LOT AREA _____

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 *Glenn Raynor*

Certificate of Completion by *R. Avance*

Date *9-15-76*

*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

ONslow COUNTY HEALTH CENTER
JACKSONVILLE, N. C.

IMPROVEMENTS PERMIT

No. 4414

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

OWNER *Ralph J. Strather*

Location *Sneads Ferry, T.G. S.R. No. 1523*
Lot located on waterway-barred road

S/D _____ Lot _____ Blk _____ Sec _____

Street *Tank installed 10-21-69*

HOUSE (X) MOBILE HOME () BUSINESS ()

NO. BEDROOMS *2* NO. BATHROOMS _____

Percolation Test No. 1 _____ No. 2 _____

Seasonal Water Table _____

Soil Suitable _____

Other *Home address PO Box 25193, Raleigh 27611*

Size of Septic Tank *1000* Gal.

Nitrification Lines *300* sq. ft. *100* lin. Ft.

Dist. Box to be Installed _____ No. _____ No. of lines *1*

Water Supply: Approved _____ Not Approved _____

IMPROVEMENTS PERMIT BY *R. Avance, R.S. J.A.*

DATE *9-15-76*

PERMIT VALID FOR ONE YEAR

Island Waterway

RPR 1523

