PLUMBING PERMIT

CRAVEN COUNTY DEPARTMENT OF HEALTH

P. O. BOX 1390, NEW BERN, N. C. 28560

№ 15439

THIS PERMIT GUARANTEES ONLY MATERIALS USED AND METHOD OF INSTALLATION AND THAT IT MEETS ALL LOCAL AND STATE REGULATIONS.

THIS PERMIT MUST BE KEPT POSTED ON THE JOB

Date of Permit 6/15, 19 83

Permission is hereby given to Jerry Boswell Plumber to (install) and or (remodel) drainage system, fixtures and water supply lines for the following:

Toilets	Garbage Disposal	Hot Water Heaters	Other
Urinals	Washing Machine	Swimming Pools	Other
Bath Tubs	Laundry Tubs	Water Storage Tanks	Other
Lavatories	Slop Hoppers	Trailer Hook Up	Other
Sinks	Floor Drains	Water Pump	Other
Sewers	Dish Washers	Septic Tanks 1	Other
Showers	Drinking Fountains	Grease Traps 1	Other
Can Washers	Refrigeration Units	Water Softeners	Re-inspection

Total Fixtures _____ Septic Tanks and or Grease Traps 2 Re-inspection _____ Total Fee $ 10.00

Address of Installation Lot 44 - Sec. 5 - Ridgewood (2) Stately Pines Country Club, Inc.

Date 6/15, 19 83 — Ray B. Silverthorne — PLUMBING INSPECTOR OR AGENT

Date of Initial Approval 6/15, 19 83 — Ray B. Silverthorne — PLUMBING INSPECTOR OR AGENT

Charge for Extra Inspection _____, 19____ — PLUMBING INSPECTOR OR AGENT

Date of Final Approval 6/15, 19 83 — Ray B. Silverthorne — PLUMBING INSPECTOR OR AGENT

Amt. Received _____ Date _____, 19____ — PLUMBING INSPECTOR OR AGENT

SEWERAGE INSTALLATION INFORMATION

Location SAME Owner _____ Occupant _____

Water Supply well If Well (Type) Bored _____ Drilled ✓ Other _____

Distance from nearest Pollution 100' (Feet) Job Number _____ Lot Number 44

Number of Bedrooms (If Home) 3 Number of Employees (If Business) _____

Septic Tank Material Pre-Cast

Dimensions _____ Volume 800 gal

Type Secondary Treatment Stone

Number of Lines 3 Length of Lines 67'

Total Square Ft. in (S.T.) Lines 600

Grease Trap Material Pre-Cast

Dimensions _____ Volume 800 gal.

Type Secondary Treatment Stone

Number of Lines 3 Length of Lines 67'

Total Square Feet in (G.T.) Lines 600

Total Square Feet in Entire System 1200

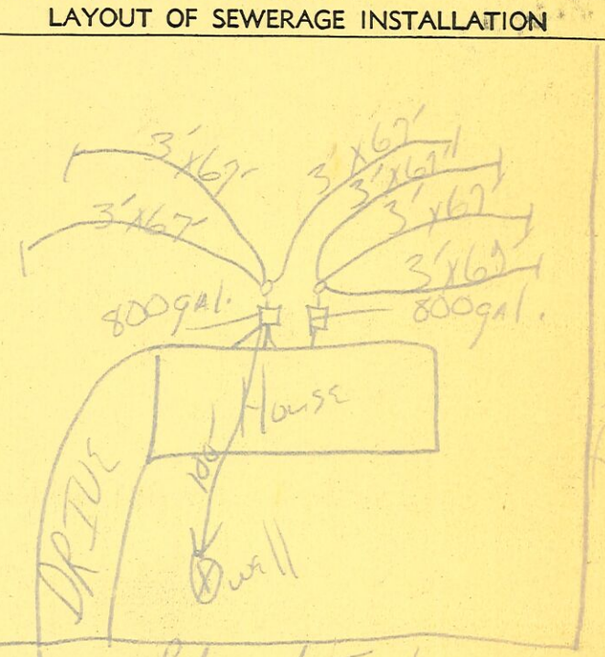
Approved By Ray B. Silverthorne, Jr.

Date 6/15, 19 83

Contractor or Plumber Jerry Boswell

Address _____

LAYOUT OF SEWERAGE INSTALLATION



Remarks: _____

FEE SCHEDULE

SWIMMING POOLS—$25.00
PLUMBING FIXTURES—$3.00

SEPTIC TANKS—$10.00
RE-INSPECTION—$10.00
TRAILER HOOKUPS—$3.00 EA.

GREASE TRAPS—$10.00
MINIMUM FEE—$3.00
WATER SAMPLE—$6.50

PLUMBING PERMIT

No. 12439

CARTERET COUNTY DEPARTMENT OF HEALTH

P. O. BOX 1360, NEW BERN, N. C. 28560

THIS PERMIT MUST BE KEPT POSTED ON THE JOB

LOCAL AND STATE HEALTH AND SAFETY REGULATIONS MUST BE MADE ALL OTHER REQUIREMENTS OF INSTALLATION THIS PERMIT GUARANTEES NOTHING

Date of Permit _____ 19 _____ Number to (Install) and or (remove)

Permission is hereby given to _____ to install the following plumbing system, fixtures and water supply lines for the following:

Toilets	Garbage Disposal	Hot Water Heaters	Other
Lavatories	Washing Machines	Swimming Pools	Other
Bath Tubs	Laundry Tubs	Water Storage Tanks	Other
Showers	Slab Drains	Water Pump	Other
Sinks	Floor Drains	Septic Tanks	Other
Dishwashers	Dish Washers	Grease Traps	Other
Garb. Washers	Refrigeration Units	Water Softeners	Re-inspection

Total Fixtures _____ Septic Tanks and or Grease Traps _____ Re-inspection _____ Total Fee $ _____

Address of Installation _____

Date _____ 19 _____ Plumbing Inspector or Agent _____

Date of Initial Approval _____ 19 _____ Plumbing Inspector or Agent _____

Charge for Extra Inspection _____ 19 _____ Plumbing Inspector or Agent _____

Date of Final Approval _____ 19 _____ Plumbing Inspector or Agent _____

Amt. Received _____ Date _____ 19 _____ Plumbing Inspector or Agent _____

SEWERAGE INSTALLATION INFORMATION

Location _____ Owner _____ Occupant _____

Water Supply _____ If Well (Type) Bored _____ Drilled _____ Other _____

Distance from nearest Pollution _____ (Feet) Lot Number _____ Lot Number _____

Number of Bedrooms (If Home) _____ Number of Employees (If Business) _____

Septic Tank Material _____

Dimensions _____ Volume _____

Type Secondary Treatment _____

Number of Lines _____ Length of Lines _____

Total Square Feet in (S.T.) Lines _____

Grease Trap Material _____

Dimensions _____ Volume _____

Type Secondary Treatment _____

Number of Lines _____ Length of Lines _____

Total Square Feet in (G.T.) Lines _____

Total Square Feet in Entire System _____

Approved By _____

Date _____ 19 _____

Contractor or Plumber _____ Remarks _____

Address _____

LAYOUT OF SEWERAGE INSTALLATION

FEE SCHEDULE

PLUMBING FIXTURES—$3.00	TRAILER HOOKUPS—$3.00 EA	WATER SUPPLIES—$3.00
SWIMMING POOLS—$25.00	RE-INSPECTION—$10.00	MINIMUM FEE—$3.00
	SEPTIC TANKS—$10.00	GREASE TRAPS—$10.00

CRAVEN COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

P. O. Box 1390

New Bern, N. C. — Phone 633-3488-3489

NEW CONSTRUCTION ☐

REPAIR WORK ☐

№ 10843

IMPROVEMENT PERMIT

Date Received: 2-23-83

Permit Number: _____

(In reply please refer to this number)

Owner or Contractor: Brady Construction Co Phone: 228-0112

Address: Ridgewood Dr, New Bern, NC S. R. Number: _____

Subdivision Name: Ridgewood at Stable Pines Lot No. 44 Section or Block No. _____

Location: _____

House X Mobile Home _____ Business _____ Other _____

No. Bedrooms 3 No. Persons 3 Water Supply: Individual X Public _____

Lot Size: 30,000+ Sq. Ft.

Soil Type: Sandy Clay

Water Table: 30"

Additional Drainage Required: _____

Septic Tank Size 500 Gallons

Nitrification Field: 600 Sq. Ft.

Grease Trap Size: 500 Gallons

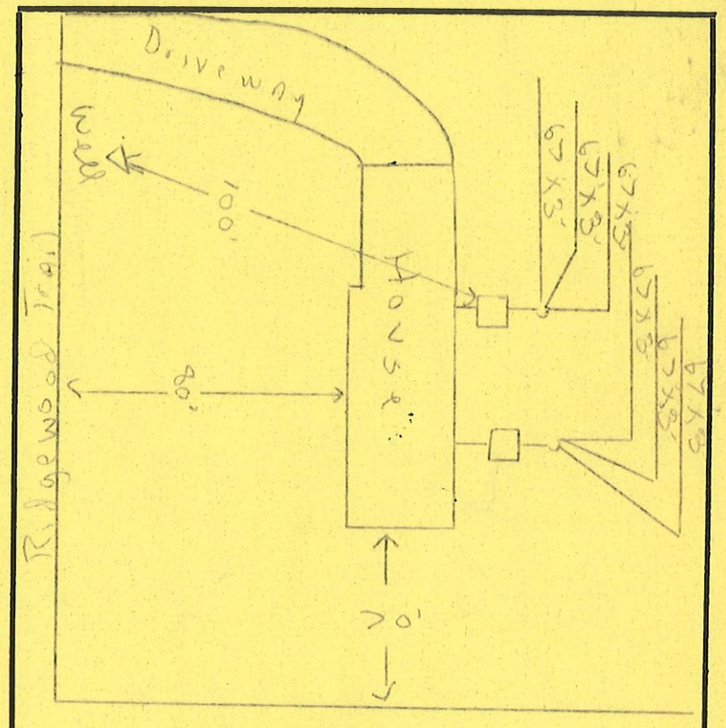
Nitrification Field: 600 Sq. Ft.

Mobile Home "P" trap connection required _____

Lot Suitable X Unsuitable _____

Comments: Need drain line to within 6" of top of ground

2-23-83



CRAVEN COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

P. O. Box 1390

New Bern, N. C. — Phone 633-3488-3489

NEW CONSTRUCTION

REPAIR WORK

No. 10843

IMPROVEMENT PERMIT

Date Received: 3-23-93 Permit Number: _____

(In reply please refer to this number)

Owner or Contractor: Travis Construction Co Phone: 275-0113

Address: Highway 17 New Bern, NC S. R. Number: _____

Subdivision Name: Highway 17 Estates Lot No. 47 Section or Block No. _____

Location: _____

House: X Mobile Home: _____ Business: _____ Other: _____

No. Bedrooms: 3 No. Persons: 3 Water Supply: Individual: X Public: _____

Lot Size: 50,000 + Sq. Ft.

Soil Type: Sandy Clay

Water Table: 30"

Additional: Drainage Required: _____

Septic Tank Size: 900 Gallons

Nitrification Field: 600 Sq. Ft.

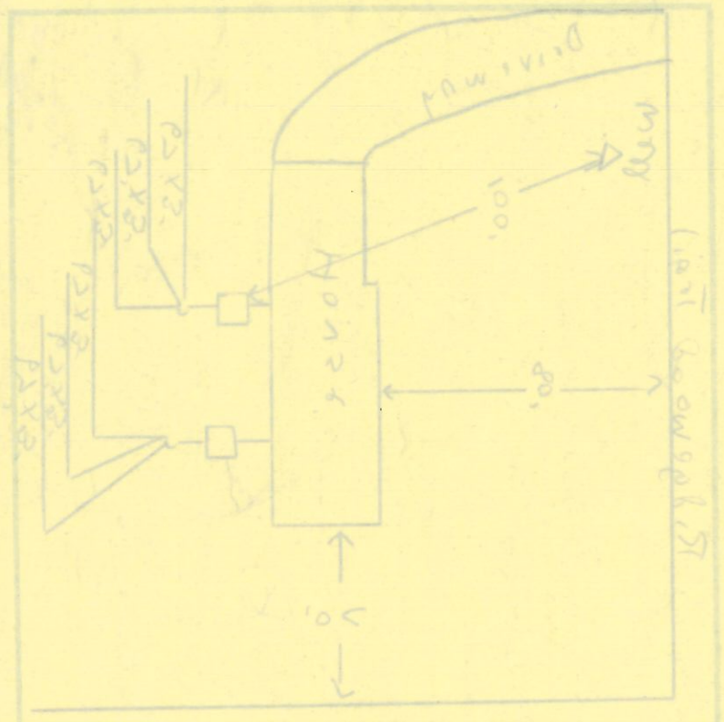
Grease Trap Size: 500 Gallons

Nitrification Field: 600 Sq. Ft.

Mobile Home "P" trap connection required _____

Lot Suitable: X Unsuitable: _____

Comments: Need drain line to water w/ 6" lip of ground.



3-23-93

CRAVEN COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH
P.O. BOX 1390
New Bern, NC - Phone 633-3488-3489

APPLICATION FOR THE IMPROVEMENT PERMIT

Date Received 2-22-83

Name	Address	Phone
Dickie W. Grady Const. Co.	P.O. Box 10333 Goldsboro NC 27532	919-778-0112

Subdivision/Mobile Home Park	Lot No.	Section	Street
Stately Pines of Ridgewood Sec.	44	Ridgewood	Ridgewood Trail

Location Description if not subdivided

Home

Type structure

[x] House [ ] Mobile Home [ ] Restaurant [ ] Condominium [ ] Townhouse

[ ] Apartment/Duplex [ ] Business (Specify)_____ [ ] Other (Specify)_____

No. of Bedrooms	No. of People Served	Type Water Supply
3	3	[ ] Community [ ] Non Community [x] Individual

Plat Submitted	Tri Party Agreement Submitted
[x] Yes [ ] No [ ] Not Required	[ ] Yes [ ] No [ ] Not Required

Darlene Mallard

Dickie W. Grady

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ewood Sec., Stately Pines
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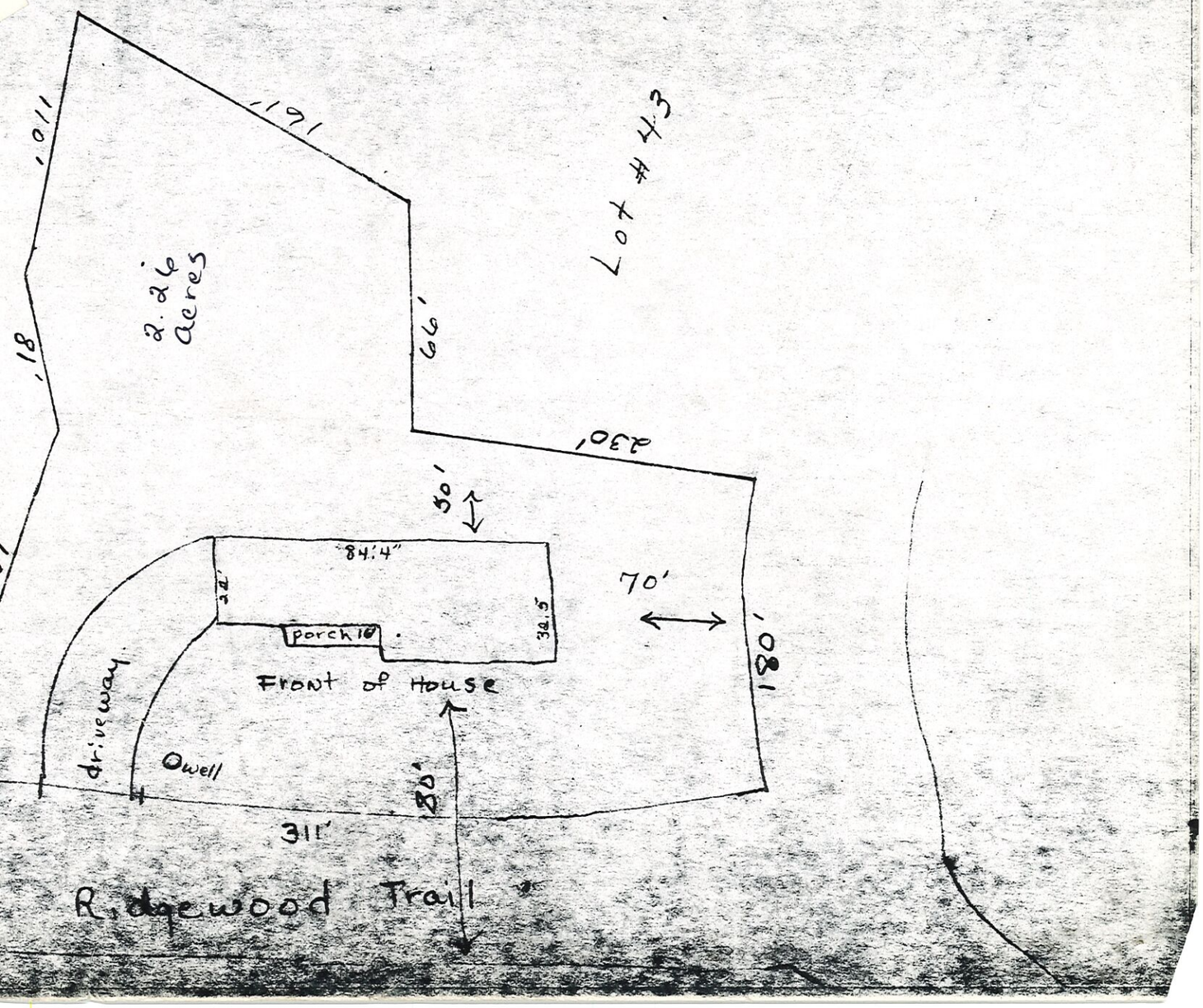

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52
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144