

IMPROVEMENTS PERMIT

(GROUND ABSORPTION SEWAGE DISPOSAL SYSTEM—  
G. S. CHAPTER 130A-335)

CERTIFICATE OF COMPLETION

(GROUND ABSORPTION SEWAGE  
DISPOSAL SYSTEM—G. S.  
CHAPTER 130A-335)

OWNER LAKEVIEW Estates <sup>John HARE</sup>  
Address 235 Piney St  
~~125 1/2 1st Kildark~~ S.R. No. 111

OWNER LAKEVIEW ESTATES  
235 Piney St  
Location 125 1/2 1st Kildark S.R. No. 111

Location LOT 4 Blk H  
ON Airport Rd just before 1st entrance  
to Lakeview Estates

Approved As Shown on Plot Plan ( )  
Approved As Shown on Final Plot (✓)  
Lot 4 Blk H Sec \_\_\_\_\_

Water Supply Private ( ) Community (✓) Mobile Home Park ( )  
HOUSE ( ) MOBILE HOME (X) BUSINESS ( )  
NO. BEDROOMS 3 NO. BATHROOMS 2  
Suitable ( ) Prov. Suitable ( ) Unsuitable ( )

Distance of Well: From Tank \_\_\_\_\_  
From Drainfield 300

Locate Tank and Lines Existing  
Min. 100 Feet ( ) Min. 50 Feet ( ) From Well  
Size of Septic Tank 750 Gal.  
Nitrification Lines 300 sq. Ft. 100 lin. Ft.

Have Tank and Drain Lines Inspected by a representative of the Onslow County Health Center before covering.

Installed By Randolph Thomas  
Certificate of Completion by LHA Stork  
Date 4-18-90

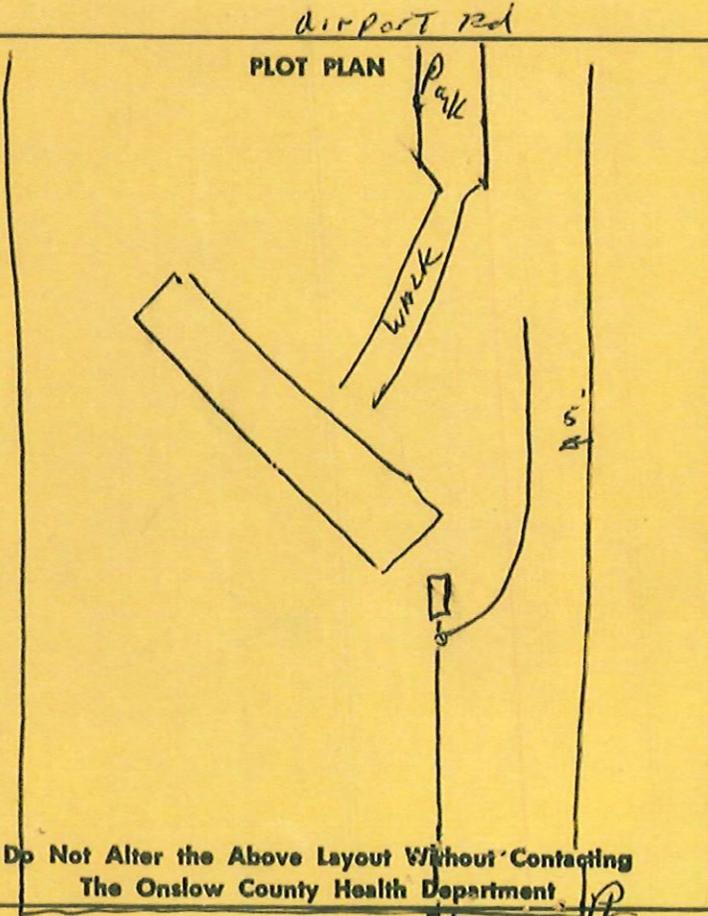
No. of lines 250  
IMPROVEMENTS PERMIT BY LHA Stork  
DATE 4-18-90

\*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

PERMIT VALID FOR THREE YEARS

FINAL PLOT

PLOT PLAN



Do Not Alter the Above Layout Without Contacting  
The Onslow County Health Department

ONSLOW COUNTY HEALTH CENTER  
JACKSONVILLE, N. C.

CERTIFICATE OF COMPLETION

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

No 1915

OWNER *John F. Hines*

Location \_\_\_\_\_ S.R. No. \_\_\_\_\_

S/D \_\_\_\_\_ Lot \_\_\_\_\_ Blk \_\_\_\_\_ Sec \_\_\_\_\_

Street \_\_\_\_\_

LOT AREA \_\_\_\_\_

*EXISTING TANK*

Have tank and Drain Lines Inspected by a representative of the Onslow County Health Center before covering.

Installed By *Ray West*

Certificate of Completion by *R. Hines*

Date *8-26-80*

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ONSLOW COUNTY HEALTH CENTER  
JACKSONVILLE, N. C.

IMPROVEMENTS PERMIT

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

No 1915

OWNER *John F. Hines*

Location \_\_\_\_\_ S.R. No. \_\_\_\_\_

S/D *Lawson* Lot *3* Blk *H* Sec *III*

Street \_\_\_\_\_

HOUSE ( ) MOBILE HOME (X) BUSINESS ( )

NO. BEDROOMS *2* NO. BATHROOMS \_\_\_\_\_

Percolation Test No. 1 \_\_\_\_\_ No. 2 \_\_\_\_\_

Seasonal Water Table \_\_\_\_\_

Soil Suitable \_\_\_\_\_

Other \_\_\_\_\_

Size of Septic Tank *700* Gal.

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

Dist. Box to be Installed \_\_\_\_\_ No. of lines \_\_\_\_\_

Water Supply: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

IMPROVEMENTS PERMIT BY *R. Hines*

DATE *8-26-80*

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