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5036

Form: HB-296
CCHD

**ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT**

CERTIFICATE OF COMPLETION: (Ground Absorption Sewage Disposal System - G-S Chapter 130 - Article 13c)

OWNER: Hand Sledge DATE: 9-26-88

INSTALLER: Emily Swan DATE COMPLETED: 2-29-89

Notice: This certification of completion in no way binds the Public Health Sanitation 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 regulations of the Carteret County Health Department and can reasonably be expected to perform properly under normal conditions of use and maintenance.

2-1004941 2-501-101 3-451-101

By: [Signature]

**ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT**

LAND USE
IMPROVEMENT PERMIT

5036

OWNER: David Sledge

PHONE: 726 7154 DATE: 9-26-88

ADDRESS: P.O. Box 33
Atlantic Park, NC 28512

PROPERTY LOCATION: Coastal Shores
Lot 13

TYPE STRUCTURE: duplex

NO. BEDROOMS: 4+3 NO. BATHS: 4 (2 1/2)

WATER SOURCE: city

GARBAGE GRINDER: YES () NO ()

AUTO DISHWASHER: YES () NO ()

AUTO WASHING MACHINE: YES () NO ()

Perc. Rate (if applicable): 5 gph

SIZE OF TANK: 2-1000 GAL.

NO. LINES: 5 (3/4") WIDTH: 36" + 12 ft hole

TOTAL: 720 SQ. FT.

TOTAL LENGTH: 240 FT.

HORIZONTAL DISTANCE FROM WELL: 111 FT.

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 system until approved on final inspection.

IMPROVEMENTS PERMIT BY: [Signature]
Agent

**ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, N.C. 28516**

