

**ONSWLOW COUNTY HEALTH DEPT.**

*Existing system*  
**OPERATIONS PERMIT**

(GS 130A-337)

Permit No.: **13052**

Altman + Wright LLC  
Owner: John Wright

Systems Type: II

Address: 1468 Corbett Avenue

Location: Hwy 24 E

Swansboro

Sr #: \_\_\_\_\_

THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE.

Installed By: unknown

Signed By: Suzanne

Date: 11-7-03

FINAL PLOT / REMARKS  
Chiropractic Center  
2 bedrooms / and 4 employees  
total of 360 gpd  
see attached existing permit

**ONSWLOW COUNTY HEALTH DEPT.**

**CONSTRUCTION AUTHORIZATION**

(GS 130A-336)

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT. NOT TO EXCEED 5 YEARS.

Permit No.: **13052**

Fee: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Sr #: \_\_\_\_\_

System Type/Description: \_\_\_\_\_ LTAR: \_\_\_\_\_ gpd/sq. ft.

Septic Tank Size: \_\_\_\_\_ gallons

Nitrification Area: \_\_\_\_\_ sq. ft. \_\_\_\_\_ lin. ft.

No. of lines: \_\_\_\_\_ Line length \_\_\_\_\_

Trench bottom depth: \_\_\_\_\_

(SEE ATTACHED PAGES \_\_\_\_\_ of \_\_\_\_\_ FOR ADDITIONAL PERMIT CONDITIONS)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ONSWLOW COUNTY HEALTH DEPT.**

**IMPROVEMENT PERMIT**

(GS 130A-336)

- Valid for 5 years from date of issuance.
- Valid without expiration.

Permit No.: **13052**

Fee: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Sr #: \_\_\_\_\_

System Type/Description: \_\_\_\_\_ LTAR: \_\_\_\_\_ gpd/sq. ft.

Facility/Daily design flow: \_\_\_\_\_

Water supply: On-site well \_\_\_\_\_ Comm. well \_\_\_\_\_ Public \_\_\_\_\_ Other \_\_\_\_\_

(SEE ATTACHED PAGES \_\_\_\_\_ of \_\_\_\_\_ FOR ADDITIONAL PERMIT CONDITIONS)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Permit is subject to revocation if site plans or intended use change.

Buff Ledger: **ORIGINAL**

Blue: **BUILDING INSPECTION**

Pink: **CLIENT**

ONSLow COUNTY HEALTH CENTER

JACKSONVILLE, N. C.

CERTIFICATE OF COMPLETION

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

OWNER FRANK E. WAFF

Location ON Left Just Past Belgrove Rd S.R. No.

Approved As Shown on Plot Plan

Approved As Shown on Final Plot

Lot Blk Sec

Distance of Well: From Tank

From Drainfield

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

Installed By ? Existing System

Certificate of Completion by R. Melville

Date 6 JAN 83

\*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

ONSLow COUNTY HEALTH CENTER

JACKSONVILLE, N. C.

IMPROVEMENTS PERMIT

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

OWNER FRANK E. WAFF

Address ON Left Just S.R. No. 24 W

Location Past Belgrove Rd

Water Supply Private ( ) Community ( ) Mobile Home Park ( )

HOUSE ( ) MOBILE HOME ( ) BUSINESS ( )

NO. BEDROOMS NO. BATHROOMS

Suitable ( ) Prov. Suitable ( ) Unsuitable ( )

Locate Tank and Lines

Min. 100 Feet ( ) Existing Min. 50 Feet ( ) From Well

Size of Septic Tank 1000 Gals

Nitrification Lines sq. Ft. 100? lin. Ft.

No. of lines

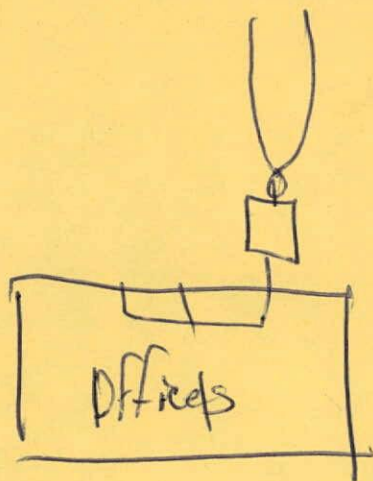
IMPROVEMENTS PERMIT BY R. Melville

DATE 6 JAN 83

PERMIT VALID FOR THREE YEARS

FINAL PLOT

PLOT PLAN



fol 24

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