

DATE REC: 8-11-92
SUE MILIAN

BRUNSWICK COUNTY HEALTH DEPARTMENT

P.I.N.: 15.00 2010037.02 FILE NO.: 92 / 131

REC. FROM: ROUTE 2 BOX 217 BELL CUELYN M
CITY: SUNSET HARBOR
ADDRESS: 140 Bell Stail S.E. Bolivia, NC
AMT. PD: BOLIVIA NC
TAX PARCEL: 28422
PHONE: 919253-6845
SUBDIVISION: (28422)
LOT: SR 1114 RT BEFORE 21
BLK: SEC: 21
CURRENT PROPERTY OWNER: SUNSET HARBOR

PROPERTY LOCATED, TOWN/CITY/AREA/ ON HILL CHURCH 7/10 MI ON RT DIRECTIONS TO PROPERTY:

SITE EVALUATION REPORT

Diagram

FACTORS	A1	A2	A3	Diagram
1) Slope/landscape position	S PS U	S PS U		
2) A. Soil Texture	I II III IV	I II III IV		
B. Soil Structure	S PS U	S PS U		
3) Soil Drainage (Wetness)	S PS U	S PS U		
4) Soil Depth	S PS U	S PS U		
5) Restrictive Horizon	S PS U	S PS U		
6) Available Space	S PS U	S PS U		
Soil Description				Diagram
Area A1	Area A2	Area A3		
A Horizon				
Bh Horizon				
B Horizon				
C Horizon			NOTES:	

Over all site classification: Suitable _____ Provisionally suitable _____ Unsuitable _____

See diagram above for location of soil borings and area location. VOID 30 DAYS FROM DATE OF ISSUANCE: JIC

Evaluated by: _____ Title: _____ Date: _____

Re-evaluated by: _____ Date: _____ Reclassification: S PS U

NOTES: _____ Date Mailed: _____

Reclassification Code _____ Drainage _____ Fill _____ Alternative System _____ Other _____ SEE REVERSE SIDE OR ATTACHED

Improvement Permit/ Certificate of Completion/Operation Permit Existing System Repair Permit/File No. 92 / 131

G.S. CHAPTER 130A ARTICLE 11, G.S. 130 A-333 et. Sec.

Permitted for: H _____ MH _____ Bus _____ Multi-Family _____ Trench-Bottom Area () ft² Trench bottom no deeper than: ()"

No. Units 1 No. Bedrooms (3) Size of Tank 960

No. Lines 3 Length ea. 30 Trench width _____

Water Supply: Private _____ Public _____

NOTE: ANY CHANGES IN THE NATURE AND VOLUME OF SEWAGE OR CHANGE IN LOCATION OF STRUCTURE WILL VOID PERMIT.

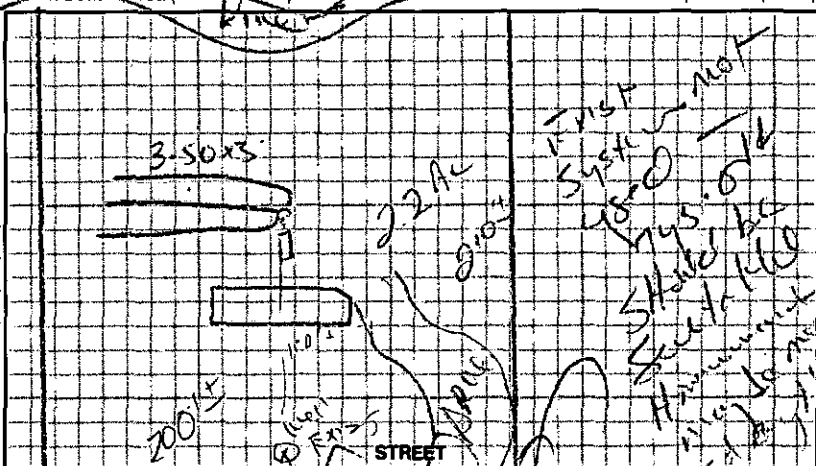
IMPROVEMENT PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.

IMPROVEMENT PERMIT DATE: 10/1/85

Conditions: (D)

By: BMC SAN.

Permit Not Valid Unless Signed by Authorized Agent/Sanitarian



Installed by: T.J. Gilliam Certificate of Completion/Operation Permit Approved by: _____ SAN.

NOTE: See important information on reverse side. (Permit Not Valid Unless Signed by Authorized Agent/Sanitarian) Date: 8/12/92

Comments/ Conditions: _____