

300

Pasquotank-Perquimans-Camden-Chowan
District Health Department

Division of Environmental Health

P. O. Box 189
Elizabeth City, N. C. 27909

Perquimans Office

Phone 426-5488

IMPROVEMENT PERMIT

No 6769

Date Received: 11-23-87 Notification Date: _____

Owner or Contractor: Marquart, Sarah Phone 482-7485

Address: Route 1, Box 539, Hertford, NC 27944 S.R. Number _____

Subdivision Name: _____ Lot No. _____ Section or Block No. _____

Location: Snug Harbor Road After Crease Lane Road & 1st house on (L) lot beside house.

House _____ Mobile Home ☒ No. Bedrooms 3 Business _____ Other _____ No. Persons 4

Automatic Washer Yes Dishwasher Yes Garbage Disposal No

Water Supply: Individual _____ Public ☒ -- Lot Size: 1 acre Sq. ft. _____ Soil Type clayey

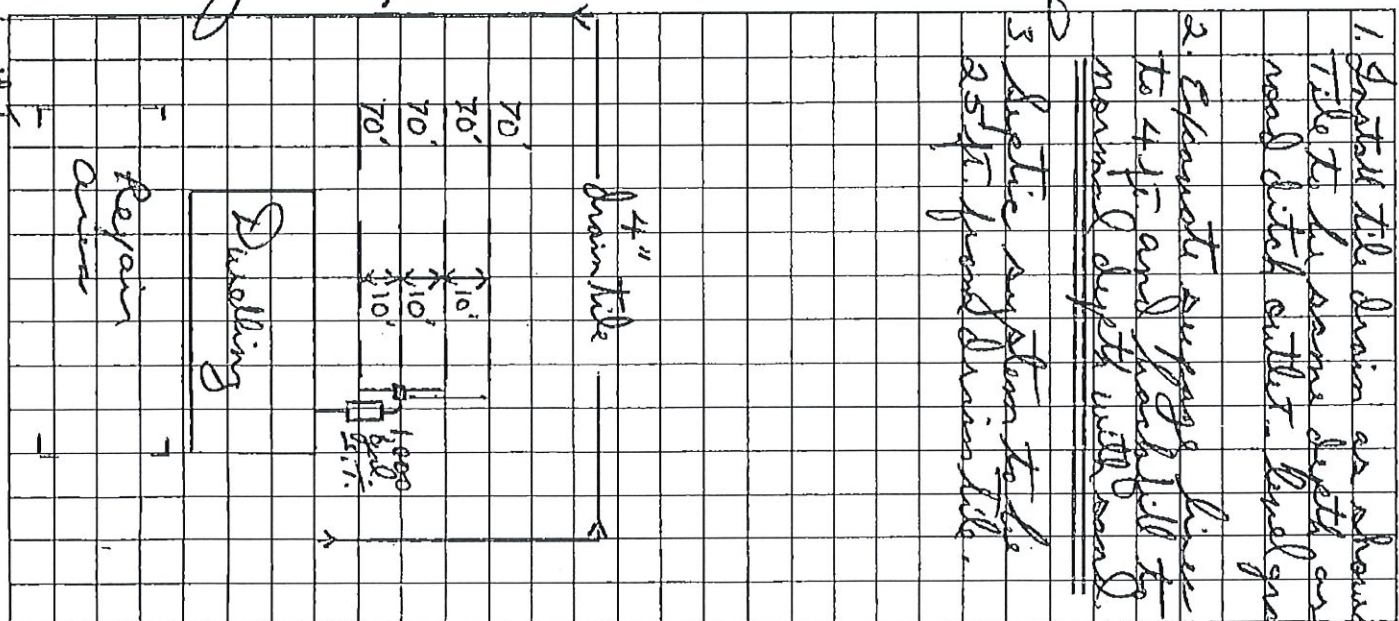
Water Table: seasonally high -- Percolation rate: #1 1 1/4 inches per hr. #2 _____ inches per hr. #3 _____ inches per hr.

Lot Suitable _____ Provisional ☒ Unsuitable _____

Septic Tank Size 1,000 Gallons Nitrification Field 840 backfilled Square ft.

Length of Line 70 ft. Number of Lines 4 Width at bottom: 3 ft.

Date Issued: Jan. 4, 1988 By: S. Vernon Squires Sanitarian



CERTIFICATE OF COMPLETION

Contractor: Frank Farmer Date of Approval: 4-6-88

By: S. Vernon Squires Sanitarian

White: Health Department Copy

Yellow: Contractor's Copy

Pink: Owner's Copy

REPA