

Exhibit – D14

Onslow County Health Department, Permit

Septic tanks were common method of wastewater treatment prior to installation of sewer system.

ATTACHMENT # 5

#1

Total of ten (10) Permits
Approved by Onslow County
from July 23, 1971 through June 1, 1978.

ONSLow COUNTY HEALTH DEPARTMENT JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____

OWNER Heart of Topsail

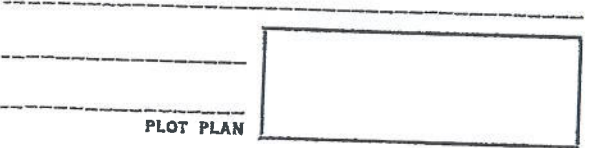
Address Topsail Isle,

Constructed and approved as installation permit.

Approved as shown on plot plan.

Disapproved.

Remarks: _____



Installed By: _____

Date: _____ By: _____
SANITARIAN

SEPTIC TANK CONTRACTOR

COSCO PRINTING CO. 3-71 500 7011 347

~~EXPERIMENTAL~~

ONSLow COUNTY HEALTH DEPARTMENT SEPTIC TANK INSTALLATION PERMIT

No. _____
OWNER Heart of Topsail Campway

Address Topsail Isle at paradise pier

Bedrooms _____ No. of Fixtures _____

No. of Users _____ Garbage Disposal no

Automatic Washing Machine no

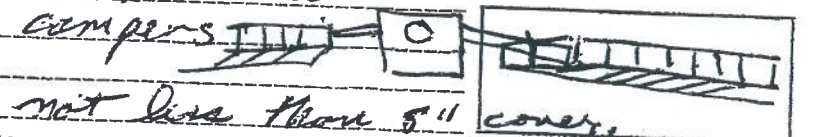
Septic Tank Capacity 1200 Precast yes

Drain Line 200 6x8x16 concrete blocks sq. ft. Liner Ft. 150

Dist. Box to be Installed yes monitored to hold.

Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: FOR 20 PLOT PLAN



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

Date: 23 July 91 By: R.L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#2

ONSLow COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

OWNER Heater Heat No. _____
Address Heart of Topsail Campway
Topsail

- Constructed and approved as installation permit.
- Approved as shown on plot plan.
- Disapproved.

Remarks: as noted under
remarks.

See other permit

PLOT PLAN

Installed By: D. E. Williams
Date: 4 Aug 09 By: D. E. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ONSLow COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

OWNER Heart of Topsail No. _____
Address Topsail - end of paradise p
Bedrooms _____ No. of Fixtures _____
No. of Users _____ Garbage Disposal no
Automatic Washing Machine no
Septic Tank Capacity 12,000 with Precast and 15 yds
Drain Line 1500 Sq. Ft. Liner Ft. 500
Dist. Box to be Installed no
Washer Trap Capacity no Drain Tile Sq. Ft. no

Remarks: this approval is
on drainfield serving
west side of site.
Based on plans submitted to stat
and water.

PLOT PLAN

Have Tank and Drain Lines Inspected by a Representative of th
Onslow County Health Department before covering.
Date: 4 Aug 09 By: D. E. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

Attachment # 5

3

ONSWLOW COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

OWNER Hunter Heath No. _____
Heart of Topsail
Address Topsail

Constructed and approved as installation permit.

Approved as shown on plot plan.

Disapproved.

Remarks: _____

PLOT PLAN 

Installed By: D. C. Louier

Date: 6 Aug 71 By: D. L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ONSWLOW COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT


OWNER Heart of Topsail No. _____
Address Topsail at Paradise Pt
Bedrooms _____ No. of Fixtures _____
No. of Users _____ Garbage Disposal _____

Automatic Washing Machine _____
Septic Tank Capacity 14000 state approved Precast no

Drain Line 1500 Sq. Ft. Liner Ft. 500

Dist. Box to be Installed _____

Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: East side
drain field serving
losing tank
PLOT PLAN 

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

Date: 6 Aug 71 By: D. L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

Attachment # 5

#4

ONSLow COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____

OWNER Rogers Bay Campway

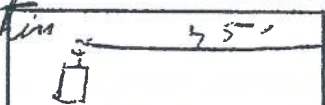
Address 10 lots nearest tower on right

Constructed and approved as installation permit.

Approved as shown on plot plan.

Disapproved.

Remarks: Incomplete at time of survey. Place no sewer connection within 100' of wells.



PLOT PLAN

Installed By: Man L. Williams

Date: 12 June 72 By: N. L. Williams

SANITARIAN

SEPTIC TANK CONTRACTOR

ONSLow COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

No. _____

OWNER Rogers Bay Campway

Address 10 lots nearest tower on right

Bedrooms _____ No. of Fixtures _____

No. of Users _____ Garbage Disposal no

Automatic Washing Machine no

Septic Tank Capacity 1000 Precast yes

Drain Line 225 Sq. Ft. Liner Ft. 75

Dist. Box to be Installed yes

Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: _____



PLOT PLAN

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

Date: 12 June 72 By: N. L. Williams

SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#5

ONslow COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____
OWNER Rogers Bay Campground
Address lots 49, 50 (and 9 others)

- Constructed and approved as installation permit.
- Approved as shown on plot plan.
- Disapproved.

Remarks: _____



PLOT PLAN

Installed By: Alan Lymon
Date: 12 June 72 By: N. L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ONslow COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

No. _____
OWNER Rogers Bay Campground
Address lots 49, 50 (and 9 others)
Bedrooms _____ No. of Fixtures _____
No. of Users _____ Garbage Disposal no
Automatic Washing Machine no
Septic Tank Capacity 1000 Precast yes
Drain Line 225 Sq. Ft. Liner Ft. 75
Dist. Box to be Installed yes
Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: _____

PLOT PLAN

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

Date: 12 June 72 By: N. L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#6

ONslow COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____

OWNER Rogers Bay Campground

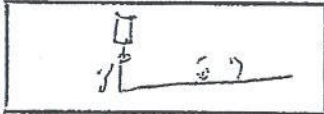
Address lots 58, 59 (and 8 others)

Constructed and approved as installation permit.

Approved as shown on plot plan.

Disapproved.

Remarks: _____



PLOT PLAN

Installed By: Dan Foman

Date: 12 June 72 By: N. F. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ONslow COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

No. _____

OWNER Rogers Bay Campground

Address lots 58, 59 (and 8)

Bedrooms _____ No. of Fixtures _____

No. of Users _____ Garbage Disposal no

Automatic Washing Machine no

Septic Tank Capacity 1000 Precast yes

Drain Line 225 Sq. Ft. Liner Ft. 75

Dist. Box to be Installed yes

Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: _____

PLOT PLAN

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

Date: 12 June 72 By: N. F. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#7

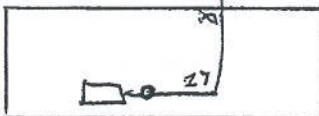
ONSWLOW COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____
OWNER Rogers Bay Company
Address Section C

- Constructed and approved as installation permit.
- Approved as shown on plot plan.
- Disapproved.

Remarks: width average 4'
Raise inlet
sewers



PLOT PLAN

Installed By: D. C. Lanier
Date: 25 May 73 By: N. T. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ONSWLOW COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

No. _____
OWNER Rogers Bay Company
Address Section C
Bedrooms _____ No. of Fixtures _____
No. of Users _____ Garbage Disposal no
Automatic Washing Machine no
Septic Tank Capacity 700 Precast yes
Drain Line 300 Sq. Ft. Liner Ft. 100
Dist. Box to be Installed yes
Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: for four
campers lots

PLOT PLAN



Have Tank and Drain Lines Inspected by a Representative of t
Onslow County Health Department before covering.

Date: 4 May 73 By: N. T. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#8

ONSLow COUNTY HEALTH DEPARTMENT
JACKSONVILLE, N. C.

APPROVAL PERMIT

No. _____
OWNER Rogers Bay Company
Address Rental office and 3 lots

- Constructed and approved as installation permit.
- Approved as shown on plot plan.
- Disapproved.

Remarks: _____

PLOT PLAN 

Installed By: _____

Date: _____ By: _____
SANITARIAN

SEPTIC TANK CONTRACTOR

ONSLow COUNTY HEALTH DEPARTMENT
SEPTIC TANK INSTALLATION PERMIT

No. _____
OWNER Rogers Bay Company
Address Rental office and 3 lot
Bedrooms _____ No. of Fixtures _____
No. of Users _____ Garbage Disposal no
Automatic Washing Machine no
Septic Tank Capacity 900 Precast _____
Drain Line 300 Sq. Ft. Liner Ft. 100
Dist. Box to be Installed _____
Washer Trap Capacity _____ Drain Tile Sq. Ft. _____

Remarks: _____ PLOT PLAN

PLOT PLAN 

Have Tank and Drain Lines Inspected by a Representative of th
Onslow County Health Department before covering.

Date: 4 May 73 By: N. L. Williams
SANITARIAN

SEPTIC TANK CONTRACTOR

ATTACHMENT #5

#9

ONSLow COUNTY HEALTH CENTER
JACKSONVILLE, N. C.
CERTIFICATE OF COMPLETION

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

No 5733

OWNER Roger's Bay Camp Ground
Location West Onslow Beach S.R. No. _____

Lot _____ Blk _____ Sec _____

Distance of Well: From Tank _____
From Drainfield _____

Have tank and Drain Lines inspected by a rep-
resentative of the Onslow County Health Center
before covering.

Installed By Glenn Ramsey
Certificate of Completion by Jeslie Haste
Date 7-27-77

*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

ONSLow COUNTY HEALTH CENTER
JACKSONVILLE, N. C.

2130

IMPROVEMENTS PERMIT No 5733

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

OWNER Roger's Bay Camp Ground
Location West Onslow Beach S.R. No. _____

Bath House (2)
Lot _____ Blk _____ Sec _____

HOUSE () MOBILE HOME () BUSINESS ()
NO. BEDROOMS Shower Com. & Lav NO. BATHROOMS 2-4
Classification: Single Toilet Suitable Provisionally Suitable _____ Unsuitable _____

Locate tank and lines _____ feet from we

Tank Location: Split System equal
Size of Septic Tank 2-1000 Ga
Nitrification Lines 1200 sq. ft. 400 lin. F

IMPROVEMENTS PERMIT BY Jeslie Haste No. of lines _____
DATE 6-30-77

PERMIT VALID FOR THREE YEARS

ATTACHMENT #5

#10

ONLOW COUNTY HEALTH CENTER
JACKSONVILLE, N. C.
CERTIFICATE OF COMPLETION

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

No 6808

OWNER Rogers Bay Camp Ground

Location West Onslow S.R. No.

Bath House # 3

Lot Blk Sec

Distance of Well: From Tank

From Drainfield

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

Installed By Glenn Layton

Certificate of Completion by Les Haste

Date 6-20-78

*THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE

ONLOW COUNTY HEALTH CENTER
JACKSONVILLE, N. C.

IMPROVEMENTS PERMIT

No 6808

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

OWNER Rogers Bay Camp Ground

Location West Onslow Beach S.R. No.

Bath House # 3

Lot Blk Sec

HOUSE () MOBILE HOME () BUSINESS ()

NO. BEDROOMS Field Lines NO. Bathrooms 18 inches

Classification: Suitable

Provisionally Suitable Unsuitable

Locate tank and lines 100' 35' + 20' feet from we

Tank Location Split equal

Size of Septic Tank 2 - 1000 Gal

Nitrification Lines 1200 sq. ft. 400 lin. F

No. of lines
IMPROVEMENTS PERMIT BY Les Haste

DATE 6-1-78

PERMIT VALID FOR THREE YEARS