IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 094299 PIN# ~~094299~~ 4604605 7383 DATE 2-22-2001

OWNER OR CONTRACTOR John Ziegler PHONE: Business _____ Home 875-2456

ADDRESS 12520 Eastfield Rd. Huntersville, NC 28078

LOCATION Brawley School Rd TR Canvasback TL Wood Duck TL Crystal Circle

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 20 LOT AREA .47 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 1-15-2000 [X] New System [ ] Repair System Type: (I) II III IV V VI

System Description: Gravity - Conventional

Repair System Description: Platted/Deeded in 1965

Maintenance Agreement Required: [ ] Yes [X] No

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 6 @ 67' - 73' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

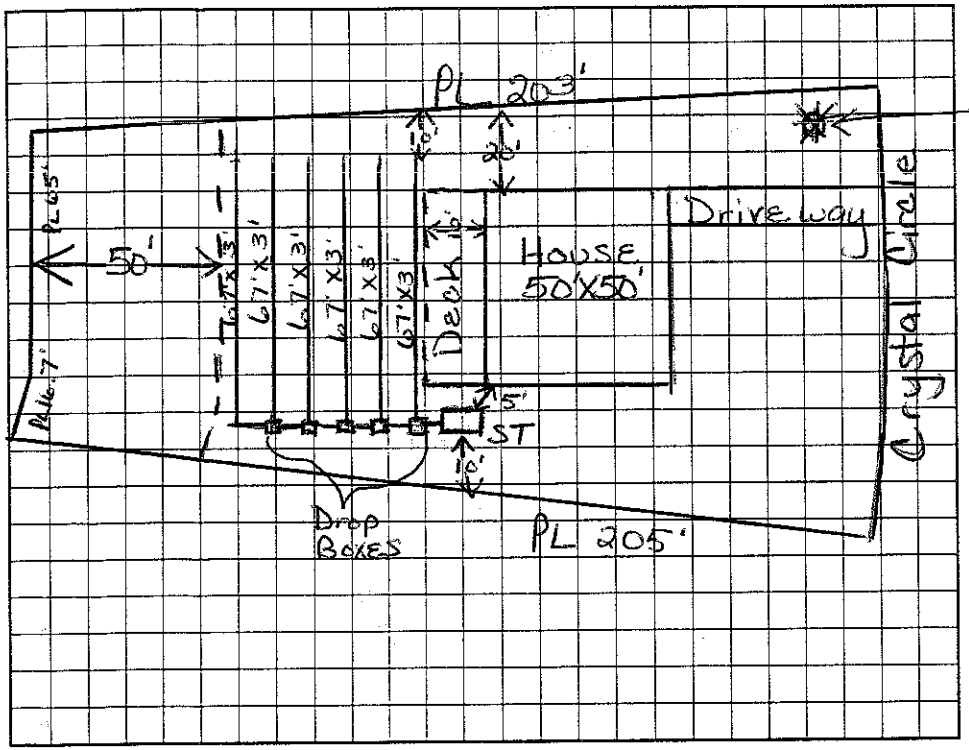
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' From House, 50' from lake & 50' From any well

Comments:/Conditions: Installed riser & filter

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: John Ziegler date 2-25-01 Installed by: Richard Aber Kathy

Improvement Permit by: Maria H. Dotson RS date 2/22/2001 Operation Permit by: Maria H. Dotson RS date 7/31/2001

Authorization to Construct by: Maria H. Dotson RS date 2/22/2001 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK