IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 069347 DATE 9-19-97 TAX MAP NO. 4850 62 2141 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TIMOTHY STAZ PHONE: Business 359-2822 Home [redacted] 948-5955

ADDRESS 6812 AMBERFIELD DRIVE, HUNTERSVILLE, NC 28079

LOCATION I-77 N, TR TOMLIN MILL, TL RASH, ~1.2 MILE ON LEFT, BACK OFF ROAD ~1300'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.0 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 SQ FT

Septic Tank: 1000 Gallons; STB 1012 Date 5-28-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

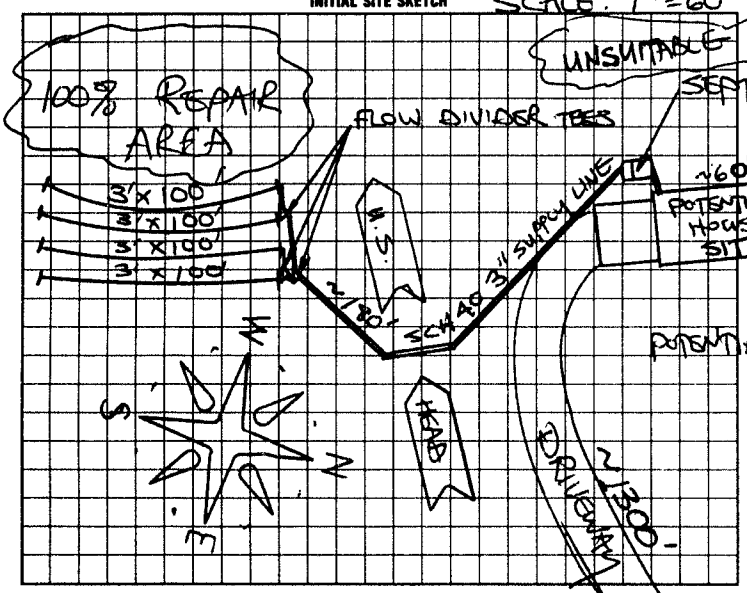
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

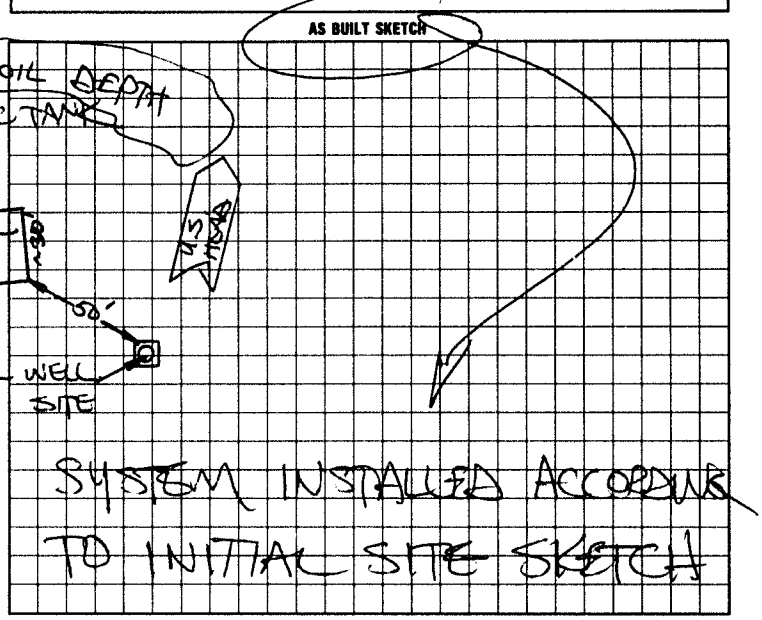
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES INSTALLED ON CONTOUR.

Comments:

INITIAL SITE SKETCH SCALE: 1"=60'



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X

Improvement Permit by: STEVE HEDRICK date 9-19-97

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 9-19-97

Installed by: TOMMY FRYE

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: STEVE HEDRICK date 8-18-00

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