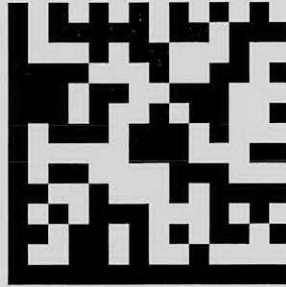


DATADOC IMAGING
AND CLOUD SOLUTIONS
DOCUMENT CONTROL BREAK SHEET

NFN-0445

NFN-0445



Receipt No. 1147Tax I.D. 6789-00-01-2708**APPLICATION FOR IMPROVEMENTS PERMIT
TOE RIVER HEALTH DISTRICT**

1. APPLICATION FOR: Improvement Permit ☒ Repair / Addition ☐ Existing ☐
2. PROPERTY OWNER : Sztyber, Elizabeth & Chris PHONE : 765-7553
Mailing Address: _____
3. PERMIT REQUESTED BY: Charles Murphy PHONE : same
for Estatoe
4. PROPERTY LOCATION: _____
DIRECTIONS TO PROPERTY: Turn off N Mountain Dr., turn right on Charlie Woody Mnt.,
turn on E Arrowhead Lane to the end of the road PLAT PROVIDED ☐
5. INSTALLATION FOR: House ☒ Mobile Home ☐ Ind. / Commercial ☐
Other ☐ Describe: _____
6. No. Bedrooms 3 No. People 2 Water Supply: Spring ☐ Well ☒ Community ☐
- I here by make application to the Toe River Health District for a site evaluation form ground absorption sewage disposal system to serve the above described facility and authorize health department representation to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit or report issued as a result of this information will become invalid (subject to revocation) if it is found to be incorrect or if any changes are made in the lot or the size and location of the proposed facilities.
- APPLICANT / AGENT SIGNATURE : Charles Murphy DATE: 8-27-09
- FOR OFFICE : EVALUATION / IMP. PERMIT & OPERATION PERMIT \$ 200.00 Paid Initials MB

**IMPROVEMENT PERMIT
(DIAGRAM AND CONDITIONS ATTACHED)**

ORIGINAL PERMITTEE: Sztyber, Elizabeth DATE: 8-27-01

Deign Waste Flow: 360 GPD LTAR: .6 Septic Tank Capacity 1000 gal.

Proposed Wastewater System 25% reduction

Drain Field: Total Trench Length: 150 square footage _____
Individual Trench Length 70 x 80 Max. Trench Dept. (low side) 30"

System distance to nearest: Well/ Spring: 50' Water line 10'

Foundation: 15' Property Line: 10' Vertical cut: 15'

Comments & Special Conditions:

This permit is subject to revocation if site plans change or the intended use changes. This Permit **MUST** be accompanied by an "**Authorization for Wastewater System Construction**" prior to the installation or repair of the wastewater system or before a builders permit can be issued.

Permit issued without expiration. ☐Permit expires 5 years from date issued. ☒

I understand the conditions of this improvement permit. The wastewater disposal system will be installed in accordance with the improvement permit and any conditions specified there in.

Signed: Charles Murphy Date: _____Prepared By: Charles Camp Date: 28 Aug 01

**TOE RIVER HEALTH DISTRICT
Environmental Health Section**

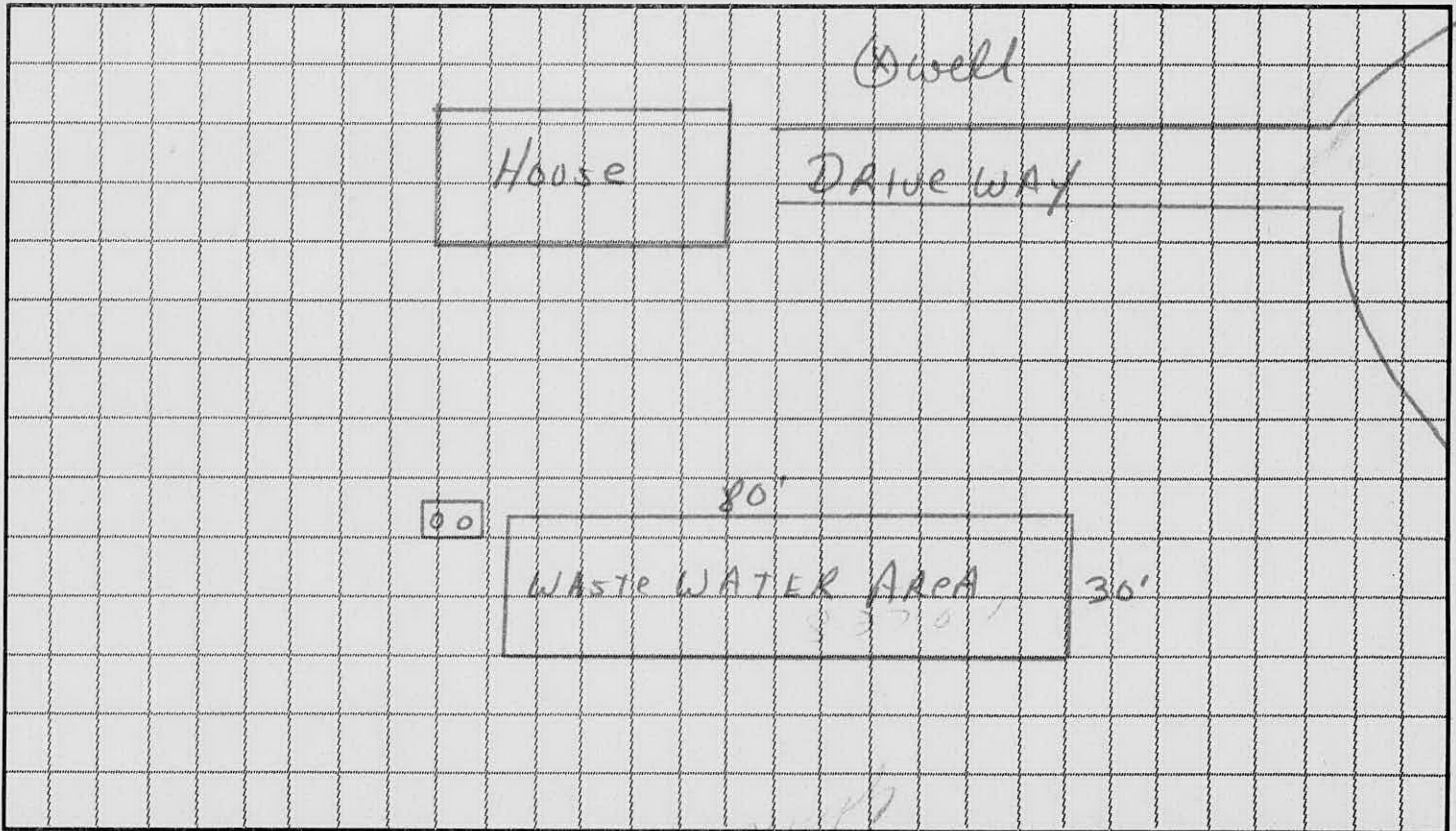
Bakersville 688-2371
Newland 733-6031

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
AND OPERATION PERMIT**

Burnsville 682-3003
District Office 765-2239

Owner Sztyber, Eliazabeth & Chris County Mitchell Phone 765-7553
Signature Charles Murphy Permit # 1147 Date: 8-27-01
Address _____ City Spruce Pine State NC Zip 28777
Location See improvement permit
Basement _____ Plumbing in Basement _____ Type of System 25% reduction
House X Mobile Home _____ Other _____ # of Bedrooms 3
Special Fixtures _____ Design Daily Flow 360 Application Rate .6
Tank Size 1000 Pump Tank Size _____ Total Sq. Ft. Drainfield _____
Trenches 2 Length of Trenches 80 + 70 Max. Trench Depth 30"

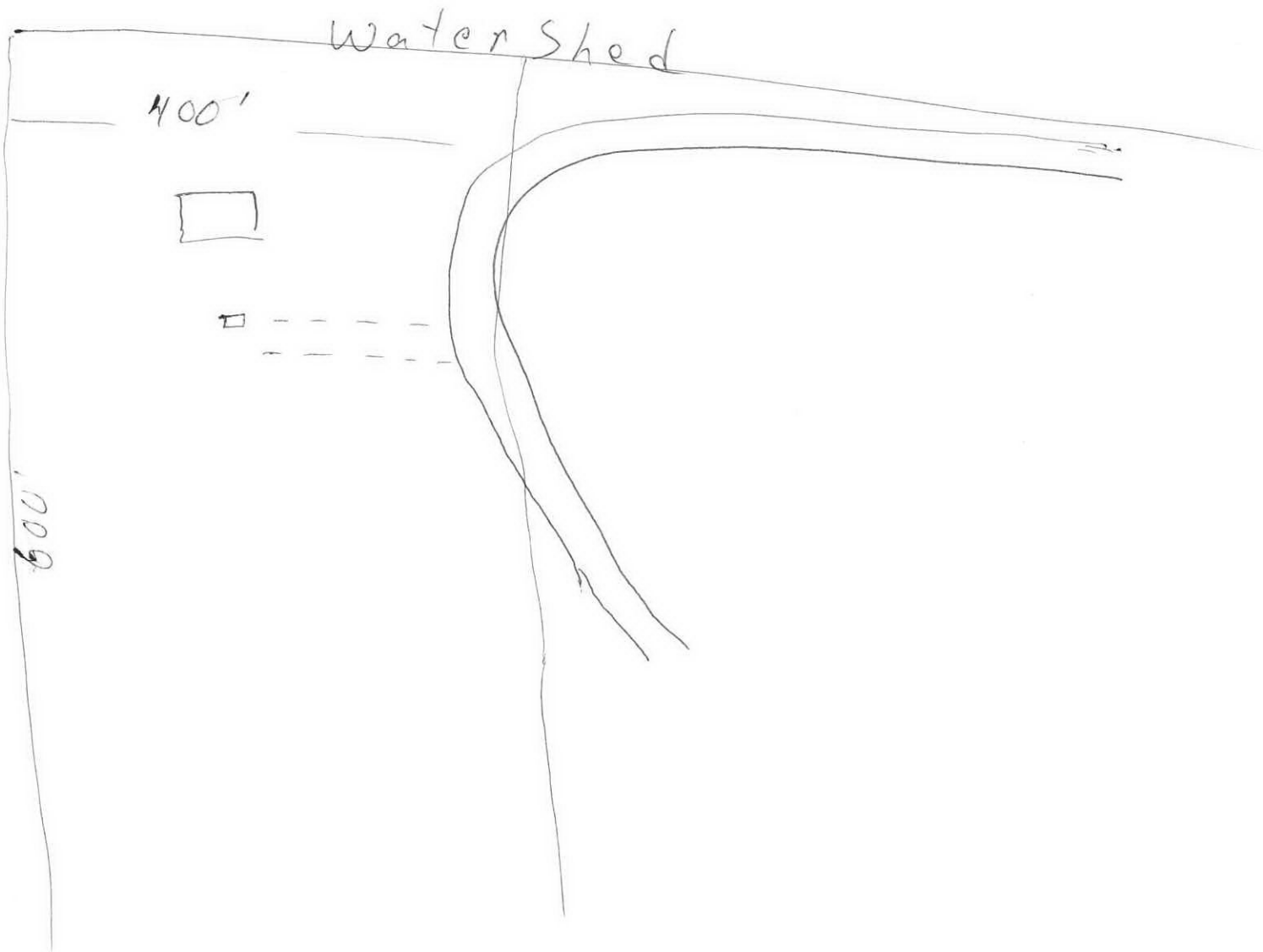
Unless otherwise specified, trenches are to be 36" wide, at least 9' apart on centers and contain 12" minimum stone depth.



The sewage system must be installed as shown on this permit and be in compliance with all State sewage regulations. Any changes in this design must have prior Health Department approval. This permit expires 5 years (60 months) from the date of issuance.

Issued by Charles Camp Installed By Charles Murphy
Operation Permit _____ Frequency Insp. 200 Inspection Date By _____
Final Inspection By Charles Camp Date 28 Aug 01

Szyther, Elizabeth



SITE EVALUATION

TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	COMMENTS
1. SLOPE					
2. SOIL TEXTURE (12-48 inch)	S PS U	S PS U	S PS U	S PS U	
3. SOIL STRUCTURE (12-48 inch)	S PS U	S PS U	S PS U	S PS U	
4. SOIL DEPTH (inch)					
5. DEPTH-ROCK SAPROLITE					
6. SOIL/SITE DRAINAGE					
7. APPLICATION RATE					
8. TOPOGRAPHY	S PS U	S PS U	S PS U	S PS U	
9. AVAILABLE SPACE					
10. OTHER (SPECIFY)					
11. SITE CLASSIFICATION	S PS U	S PS U	S PS U	S PS U	

Valid without expiration depending on site and soil conditions that are unaltered, that the facility, design waste water flow, and wastewater characteristics are not increased, and that a wastewater system can be installed that meets the permitting requirements in effect on the date the improvement permit was issued.

S - SUITABLE

PS - PROVISIONALLY SUITABLE

U - UNSUITABLE

RECOMMENDATIONS/COMMENTS:

DESCRIBED BY: _____ Date: _____