IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224027

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

PIN # 3774537928

APPLICANT: Robert R Tahsler APPLICANT ADDRESS: 120 Old Squaw Rd

SITE ADDRESS: 230 Riverwalk Rd Stony Point NC 28678 PHONE: 440-336-5363 ALT. PHONE: 828-310-0607

SITE DIRECTIONS: 40 W TR Exit 141 Sharon School Rd T/L Stewart Rock Rd T/L Riverwalk Rd at end

SUBDIVISION: Riverwalk SECTION: 5 LOT # 16 LOT AREA: 0.72 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 1012 Date 10-4-19

Pump Tank 1000 (gal) PT 17 Date 3-12-19

Pump Make Goulds Model 3/4hp Serial # WE071211

Nitrification Fields 1 # Lines 6 Linear Ft: 200

Trench Width 24" Max. Trench Bottom Depth 28" Gravel Depth N/A

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

System Description: 50% Reduction Low Pressure

Repair System Description: Drip

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 50% reduction on contour with low Pressure distribution Bring 6" of [redacted] Group III soil that extends 10 away in all directions and covers system

- Use 3/16 Holes
- TDH to be determined at final tank placement
- Dose volume 162 gallons

INITIAL SITE SKETCH

See plan by Paul Penninger

AS BUILT SKETCH

6/12/2020 - Alarm Float OK
- 6" Elevation difference between on/off and alarm floats
- 6" tether for on/off float (wide angle)
- Septic + Alarm on individual breakers
- 6 lines w/ calibrated 2' of head.

- Maintenance contract received 6/19/2020 (4:30pm)

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Robert R Tahsler Date:

IMPROVEMENT PERMIT by: Date: 03/15/17

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5-28-19

Installed by: Piedmont Backhoe (Steve Jordan)

OPERATION PERMIT by: Tom Shuck Date: 6/19/2020

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

* Approx. the Lookout Shoals Lake Shoreline

Survey Plat for Tim Hardin Septic Site

7-6-17

	Date	Initials
Drain Lines Checked	4-17	
Tanks Checked	4-17	
Pressure Manifold or Valve Box Checked	4-17	
Pressure Head Set	6/12/2020	
Electrical Checked	6/12/2020	
Floats Set	6/12/2020	
Alarm Checked	6/12/2020	
Maintenance Contrac (Y) N	6/19/2020	
Comments:		

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

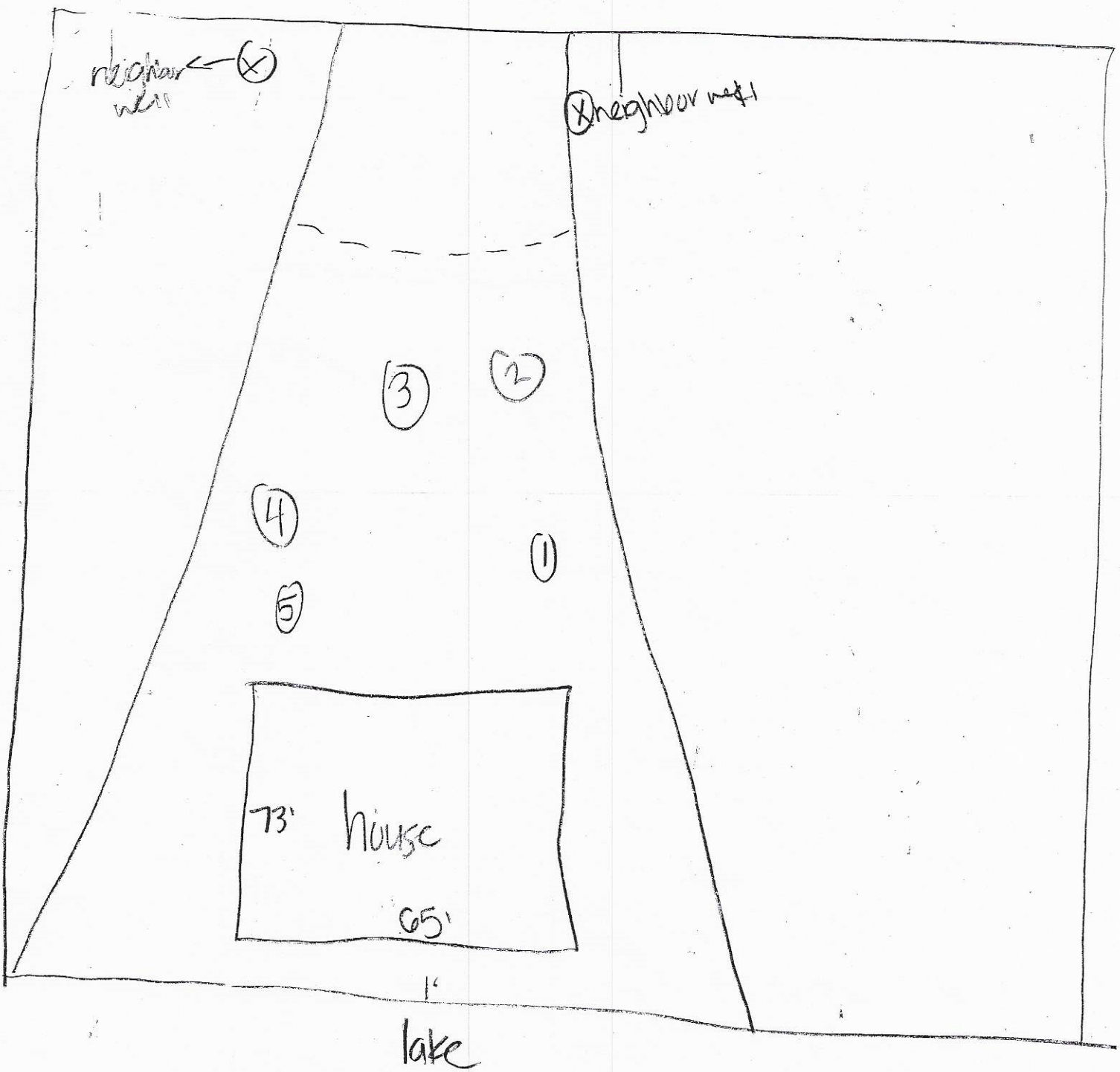
APPLICATION DATE: _____
OWNER: _____ DATE EVALUATED: _____
ADDRESS: 230 Riverwalk PROPERTY SIZE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____
LOCATION OF SITE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐Auger Boring ☐ Pit ☐ Cut

PROFILE #	.1940 ~~LANDSCAPE~~ POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4	SCL WSBK	Fr,SS,SP,SEXP		25			needs pits
		4-25	SBK C	Fr,SS,SP,SEXP					
		25+	ROCK						
2	LS	0-9	WSBK SCL	Fr,SS,SP,SEXP		37			needs pits
		9-20	SBK C	Fr,SS,SP,SEXP					
		20-37	WSBK^BC CL	Fr,SS,SP,SEXP					
		37-39	RC SAP	MASSIVE					
		39+	Rock						
3	LS	0-4	SCL WSBK	Fr,SS,SP,SEXP					
			ROCK						
4	LS	0-12	WSBK SCL	Fr,SS,SP,SEXP		39			needs pits
		12-27	SBK C	Fr,SS,SP,SEXP					
		27-39	WSBK^BC CL	Fr,SS,SP,SEXP					
		39+	ROCK						
5	LS	0-7	SCL WSBK	Fr,SS,SP,SEXP					needs pits*
		7+	Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____



*50' buffer not marked

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 37745 37929
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Robert Tyndall
ADDRESS: 230 Rivanna Dr
APPLICATION DATE 11/23/16
DATE EVALUATED: 2/17
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.72 ac
LOCATION OF SITE: 40 to Sharon School to Stewart Rock to Rivanna / PROPERTY RECORDED: Yes
w/ll
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 14%	0-7	Gr SCL	fr SE	Rock inclusion @ 29"-40"	41"	W/A	W/A	PS .3
		7-40	SBK C	fi SE					
		40-48	WABK BC	fi/fr SE					
			Rock @ 41"						
2	L 13%	0-8	Gr SCL	fr SE	PS	PS	W/A	W/A	PS .3
		8-41	SBK C	fi SE					
		41-48	WABK BC	fi/fr SE					
3	L 14%	0-6	Gr SCL	fr SE	PS	22"	W/E	M	PS .3
		6-16	SBK C	fi SE					
		16-22	SBK C/M	fi SE					
		22-38	Mass CR	vfi WP					
4	L 14%	0-6	Gr SCL	fr SE	PS	35"	W/E	M	PS .3
		6-30	SBK C	fi SE					
		30-35	WABK BC	fi/fr SE					
		35-40	Mass CR	vfi WP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

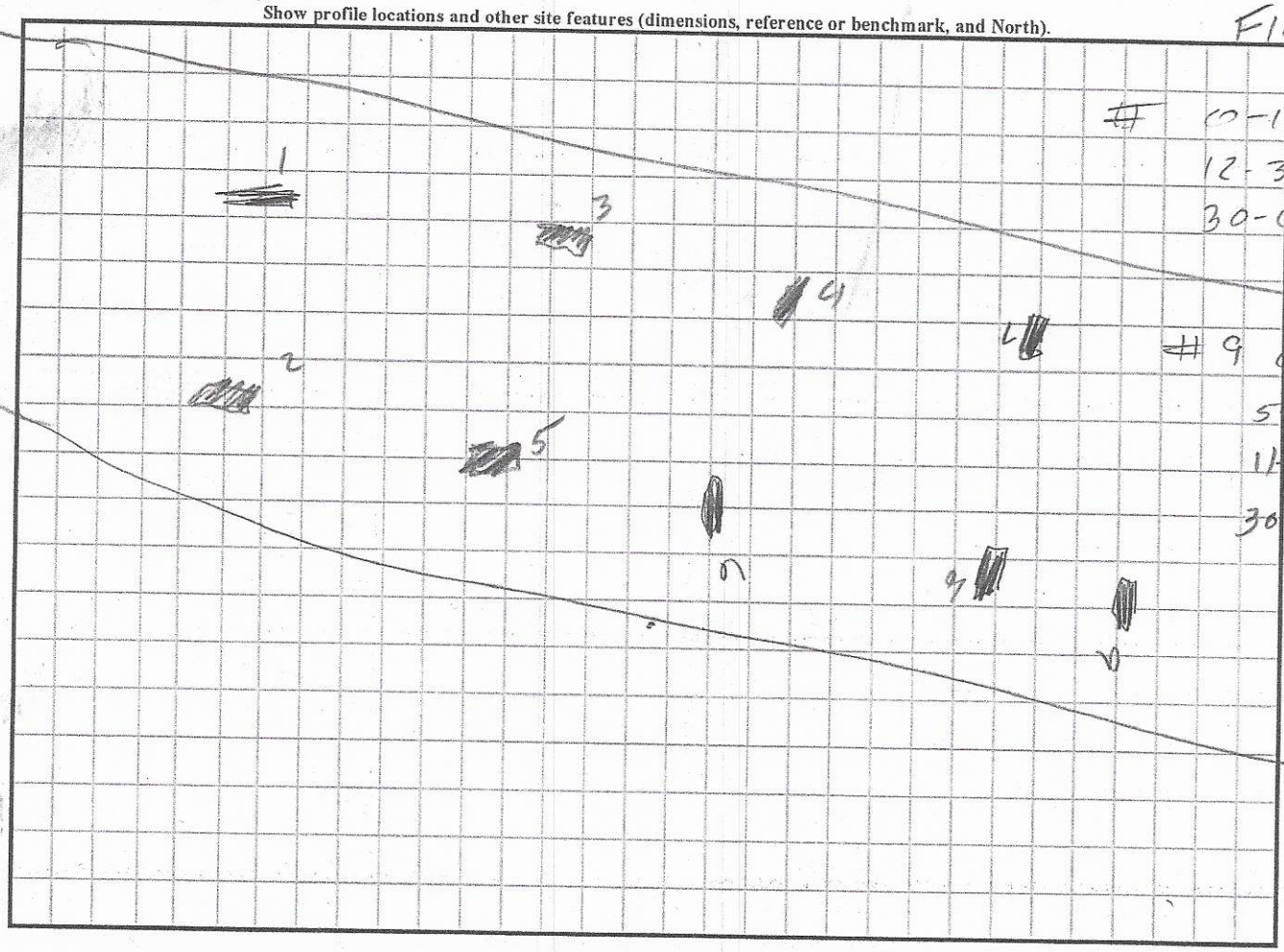
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



#7 0-22 Fill

#8 0-12 Fill
12-30 ABK C
30-60 WABK C

#9 0-5 Compact
5-11 ABK C
11-30 WABK
30-60 Sap(S Fill

5 0-3 SCL
3-41 SBK C
41-48 Mass Cn

6 0-5 Fill
5-30 SBK C
30-40 WABK BC
few yellow browns

Updated February 2014

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Denali' Home Builders Address: 1270 Northside Drive Statesville Zip: 28625
Applicant Email: denalihomebuilders@gmail.com Phone: 704 224 1440 Alt. Phone: _____
Owner Name: Robert Tashler Address: 120 old Squaw Rd Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 230 Riverwalk Rd
Subdivision Name: Riverwalk Section/Phase: _____ Lot Number: 16
Driving Directions: 40 W - TR Exit 141 Sharon school Rd - TL Stevart Rock Rd
TL Riverwalk Rd - @ End of Rd

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 2-5-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Robert R Tashler, am the legal owner(s) of the property located at 230 Riverwalk Rd Stony Point NC, identified as

PIN (Parcel Identification Number) 3774537928, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Denali Home Builders, Kent Jackson, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Robt R. Tashler
Signature of Owner(s)

2-13-19
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

#7623 #

224027

DocuSign Envelope ID: 84CE881E-EF4F-4505-A5BF-2D859C9BFFEC

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- [X] Septic Improvement Permit
- [X] New Well Permit
- [ ] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

- [ ] Survey Plat, scaled no more than 1 inch = 60 feet
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Robert R Tahsler **Address:** 120 Old Squaw Rd **Phone:** 440-336-5363

Owner Name: Sonya R Hardin **Address:** 2706 Edge Dr, North Myrtle Beach SC **Phone:** 8283100607

Property Information:

Street Address: 230 Riverwalk Road, Stony Point, NC 28678 Parcel ID# 3774-53-7928.000

Subdivision Name: Riverwalk **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: I-40 West Exit 141, Right on Sharon School Rd. Left on Stewart Rock Rd, Left on Riverwalk Road

Site Development Information: *(check or complete ALL that apply)*

- [X] New Single Family Residence
- [ ] New Multi-Family Residence
- [ ] Accessory Building
- [ ] Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6

- [ ] Swimming Pool
- [ ] Other Addition/Structure: _____

- [ ] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [X] Basement with Plumbing
- [ ] Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

- [X] New Well
- [ ] Existing Well
- [ ] Community Well
- [ ] City Water
- [ ] Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

- [ ] No Preference
- [ ] Alternative
- [X] Conventional
- [ ] Innovative
- [ ] Modified Conventional
- [ ] Other: _____

Year existing system installed: _____

Please answer the following to the best of your ability:

- [ ] Yes [X] No — Does the site contain any jurisdictional wetlands?
- [ ] Yes [X] No — Is any non-domestic sewage (i.e. industrial) to be generated?
- [ ] Yes [X] No — Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: DocuSigned by: James R Perron 052FCF9E8457400... Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/23/2016
DATE

DocuSigned by: Sonya R Hardin 0333DD502F9743E...

DocuSign Envelope ID: 84CE881E-EF4F-4505-A5BF-2D859C9BFFEC

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, James R Perron Sonya R Hardin, am the legal owner(s) of the property located at 230 Riverwalk Road, Stoney Point NC 28678, identified as PIN (Parcel Identification Number) 3774-53-7928.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by: James R Perron 11/23/2016
Signature of Owner(s) Date

DocuSigned by: Sonya R Hardin 11/23/2016
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

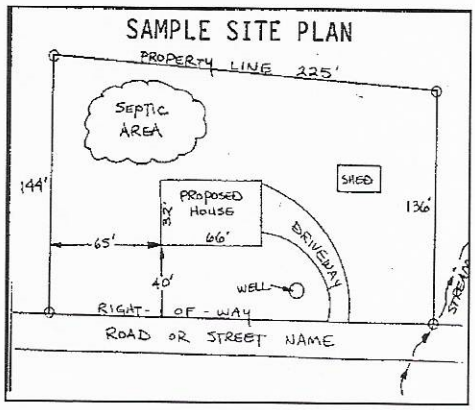
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See septic Permit

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/11/19

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified...

_____ All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

_____ Front and side setbacks from property line...

_____ Area you prefer your septic system to be placed...

_____ Preferred driveway location and configuration, preferred well location...

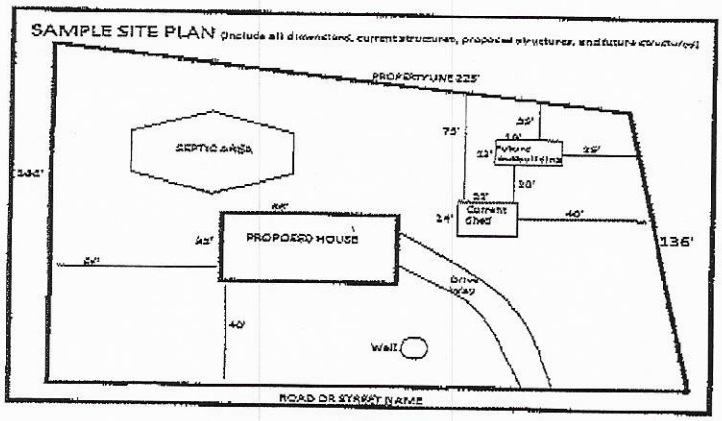
_____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A

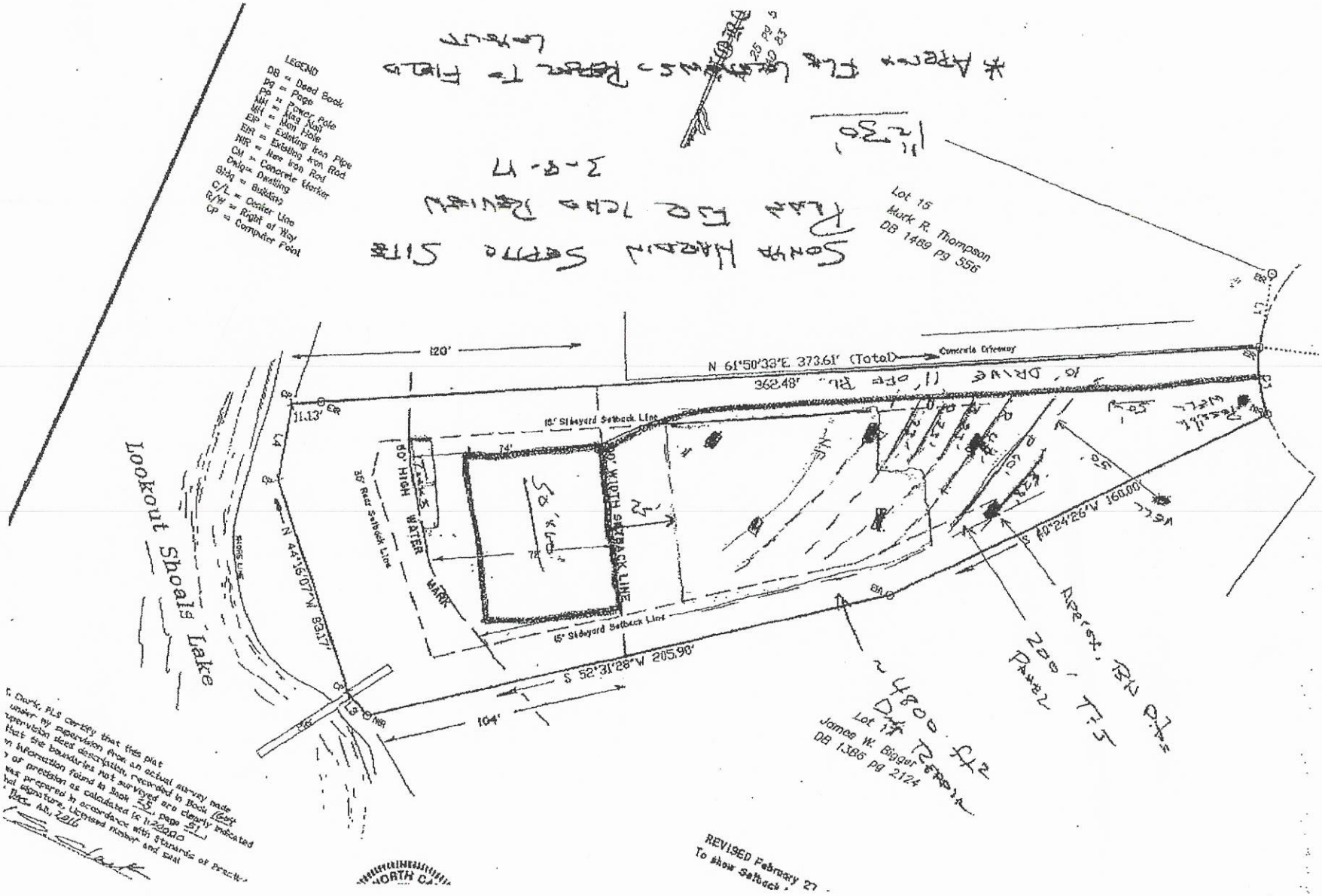
_____ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Robert R. Tolle Deluca Mauri Tolle 3/14/17

REQUIRED property owner or owner's legal representative signature. DATE

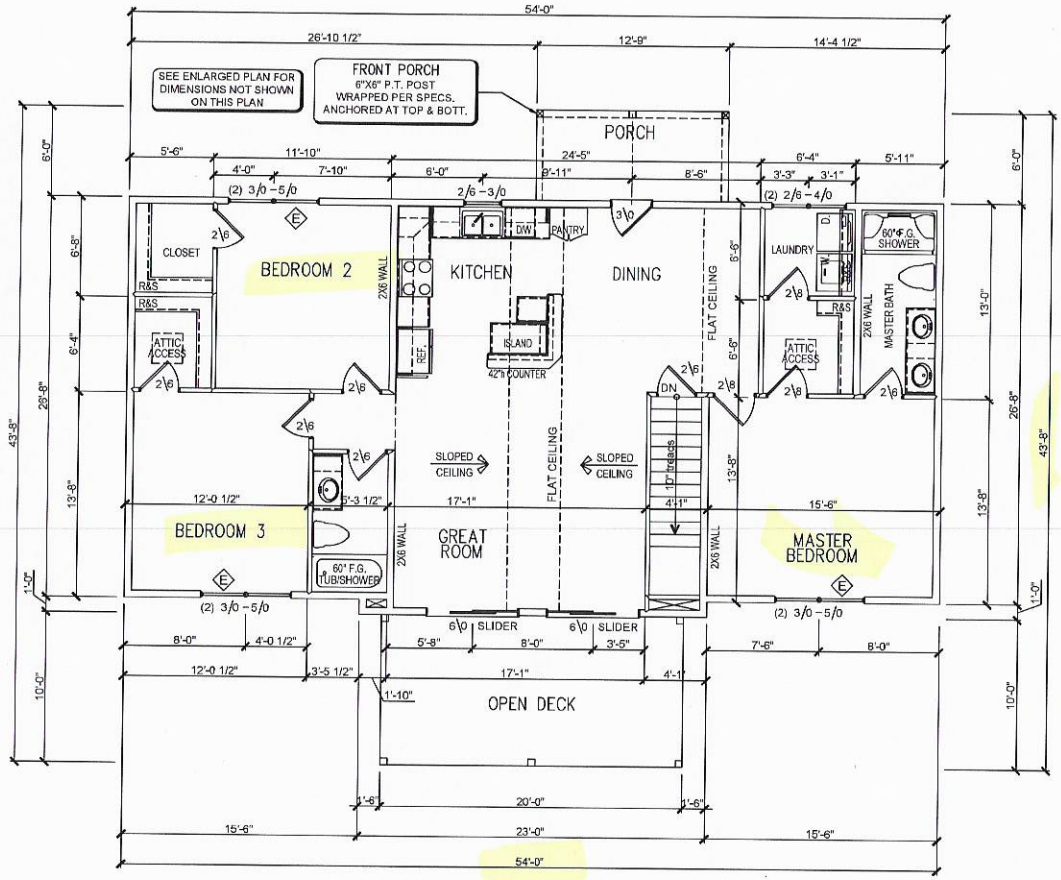

LEGEND
DB = Deed Book
pg = Page
PP = Power Pole
MH = Main Hole
EIR = Existing Iron Rod
NIR = New Iron Rod
CM = Concrete Marker
Dwlg = Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CP = Computer Point
Lot 15
Mark R. Thompson
DB 1489 Pg 556
N 61°50'33"E 373.61' (Total)
Concrete Driveway
362.48'
11.13'
15' Sideyard Setback Line
74'
50' WIDTH SETBACK LINE
50' HIGH WATER MARK
30' Rear Setback Line
N 44°15'07"W 83.17'
S 52°31'28"W 205.96'
104'
S 40°24'26"W 160.00'
Lookout Shoals Lake
Lot 17
James W. Bigger
DB 1386 pg 2124
REVISED February 27
To show Setback.

Acknowledgement Of
Plans Submittal ONLY!

Date 5/28/19

Date 5-28-19

ISSUED FOR CONSTRUCTION



PLAN NOTES

1. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES ARE ASSUMED, TYPICAL U.N.O. VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
2. EXTERIOR WALLS ARE TO BE 2X6, TYPICAL UNLESS NOTED OTHERWISE
3. INTERIOR WALLS ARE TO BE 2X4, TYPICAL UNLESS NOTED OTHERWISE
4. ANGLES IN WALLS TO BE ASSUMED
5. PLACE DOORS 5" FROM CORNER WHERE APPLICABLE, PER PLAN
6. WEATHER STRIP ALL DOORS OR OPENINGS INTO ATTIC OR NON HEATED SPACES

(E) INDICATES THAT THE WINDOW MUST MEET EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURES DESIGN MANUAL FOR FURTHER DETAILS.

DHB-Logo.jpg
1270 Northside Drive
Statesville, NC
(704) 872-1591

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TAHSLER RESIDENCE
230 RIVERWALK ROAD ◆ STONY POINT, NC

MAIN LEVEL PLAN

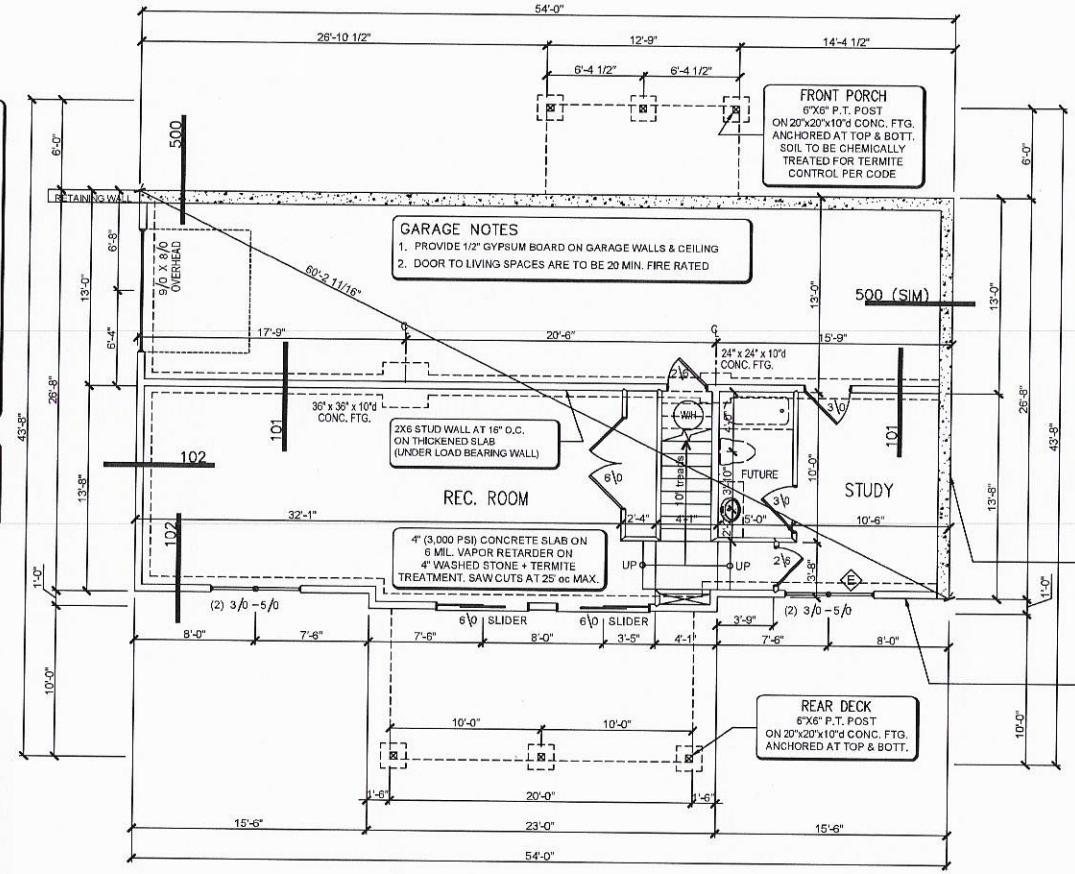
SQUARE FOOTAGE	
MAIN LEVEL	1,463 S.F.
BASEMENT	740 S.F.
GARAGE	877 S.F.
FRONT PORCH	77 S.F.
TOTAL HEATED -	1,463 S.F.

DRAWN BY: DOUG GAITHER
DESIGN NO: DH-2018-190
SCALE: 1/8" = 1'-0"
BASE PLAN: SPARTA
REVISION:

MANAGER KENT JACKSON
DATE DRAWN: 12/26/18

B2.2

ISSUED FOR CONSTRUCTION



PLAN NOTES

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FOUNDATION NOTES

1. SEE "FLOOR FRAMING PLAN" FOR FLOOR JOIST AND GIRDER SIZES
2. PROVIDE WATERPROOFING PER BUILDING CODE
3. ALL SUB-CONTRACTORS SHALL VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND CONTACT GENERAL CONTRACTOR FOR CLARIFICATION.
4. PROVIDE ADEQUATE DRAINAGE BASED ON EXISTING SITE CONDITIONS
5. PROVIDE FOUNDATION VENTILATION PER BUILDING CODES

Acknowledgement Of Plans Submittal ONLY!

Date 5/28/19

Date 5-28-19

A.L.A.DHB-Logo.jpg

1270 Northside Drive
Statesville, NC
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TAHSLER RESIDENCE

230 RIVERWALK ROAD ◆ STONY POINT, NC

FOUNDATION PLAN

SQUARE FOOTAGE	
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B2.0