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:

X 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

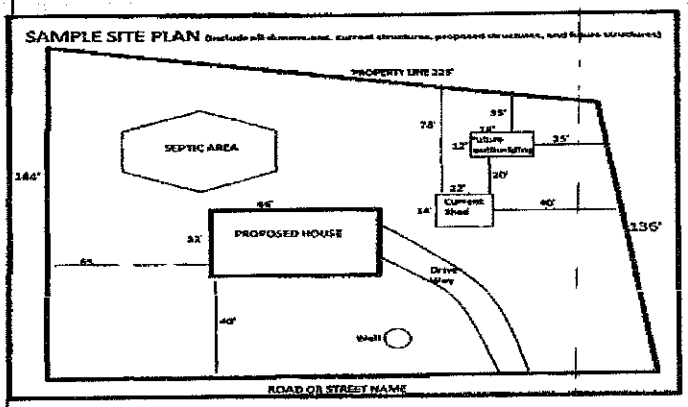
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

X 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**

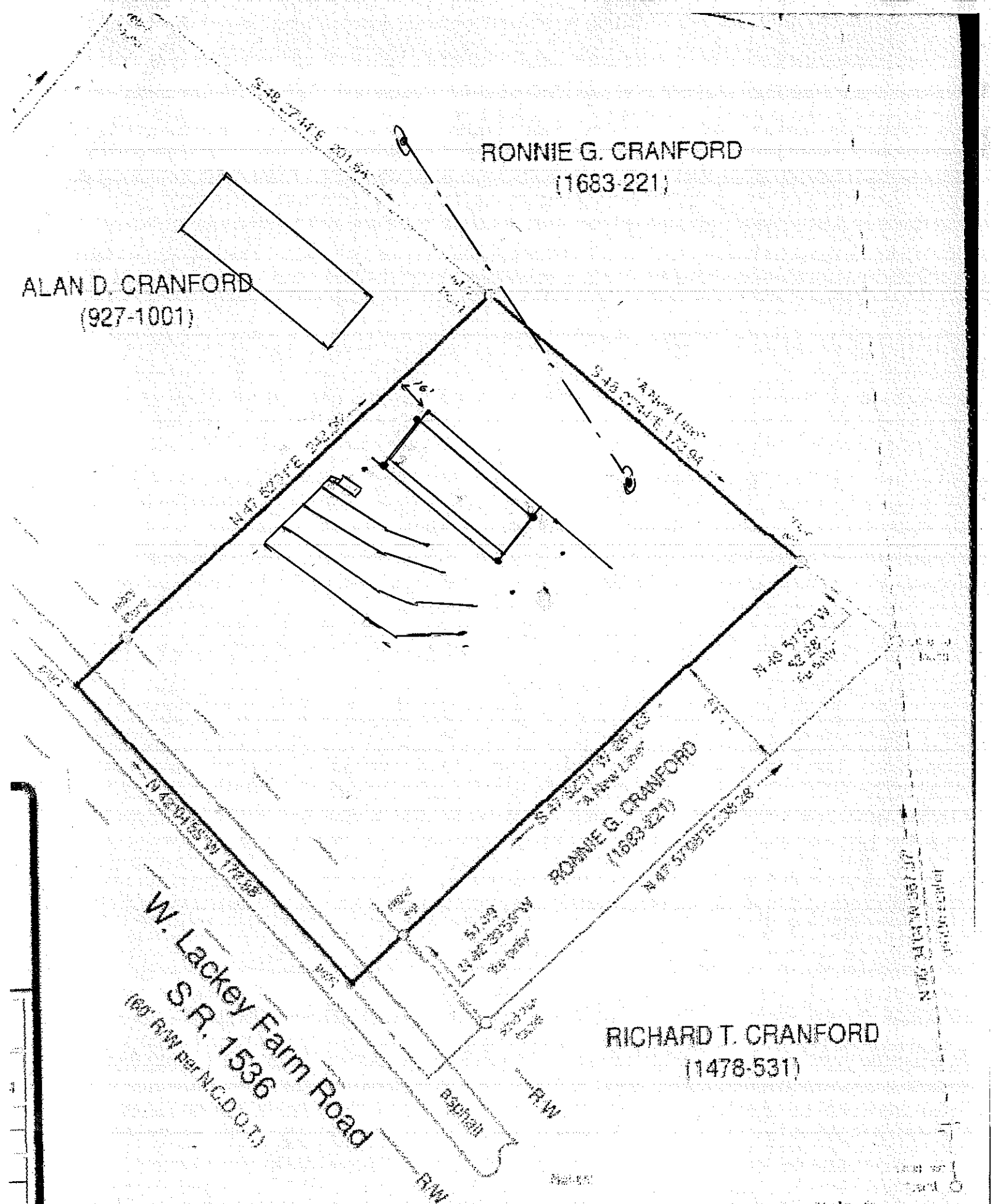


USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached sheet

Signature: [signature] 4/27/2016

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


RONNIE G. CRANFORD
(1683-221)
ALAN D. CRANFORD
(927-1001)
RONNIE G. CRANFORD
(1683-221)
RICHARD T. CRANFORD
(1478-531)
W. Lackey Farm Road
S.R. 1536
(60' R/W per N.C.D.O.T.)
Asphalt
R/W
R/W

IREDELL COUNTY HEALTH DEPARTMENT

PIN # 3796-73-9910

52760

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

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

PROPERTY DESCRIPTION NO. 19286 DATE 9-2-94 TAX MAP NO. 90-A-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tommy Crawford PHONE: Business 872-6522 Home 876-1702

ADDRESS 144 Harriet Lane Statesville N.C. 28677

LOCATION I40W TR Hwy 90 TL Lackey Farm Rd (1st entrance) Homesite on hill on R past Miracle Farm Rd.

SUBDIVISION NA BLOCK / SECTION N/A LOT N/A LOT AREA 1.0 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gal/ft²

Septic Tank 1000 Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 315 Linear Feet 105'

No Lines 2 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 fed

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

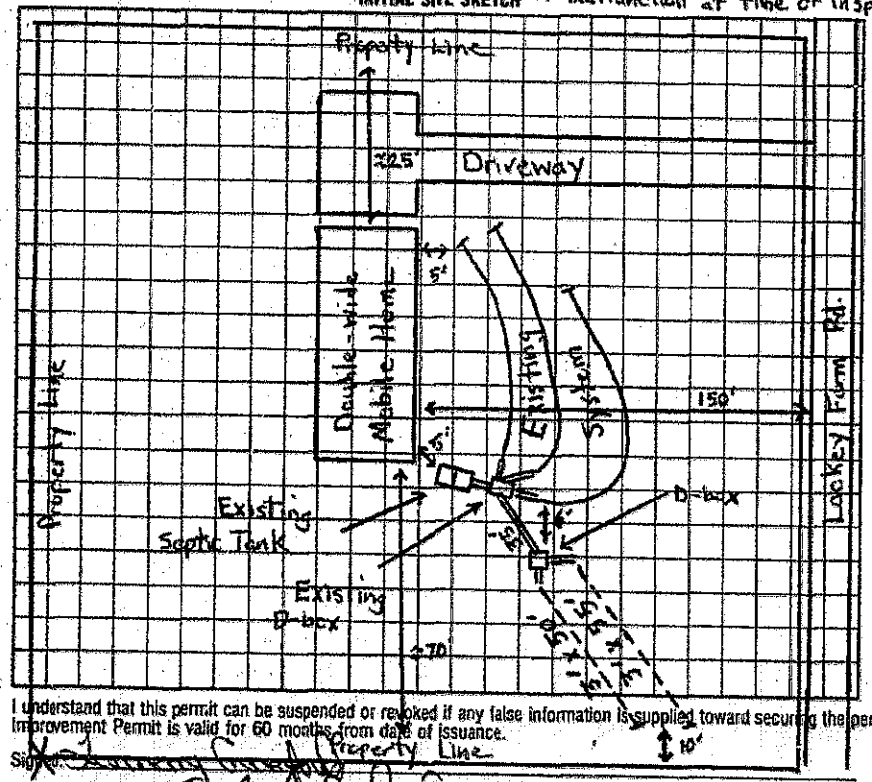
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public Share well with neighbor

Comments: Add 105' of drainline to existing system, to upgrade system to accomodate a 3 Bedroom Home. Keep lines on contour. Keep system 5' from foundation of home, 6' from existing drainlines, and 10' from all property lines. Existing system shows no visible signs of malfunction at time of inspection. Site has been vacant for extended period of time.

Comments: Home not located at time of inspection. Keep home min. 5' from any part of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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.

Signed [signature]

Improvement Permit by: Michael J. Dennis date 9-2-94

Existing System Inspection by: — date —

Installed by: J.C's Backhoe Service

Certificate of Completion by: Michael J. Dennis date 9-13-94

Operation Permit by: — date —

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