IREDELL COUNTY HEALTH DEPARTMENT

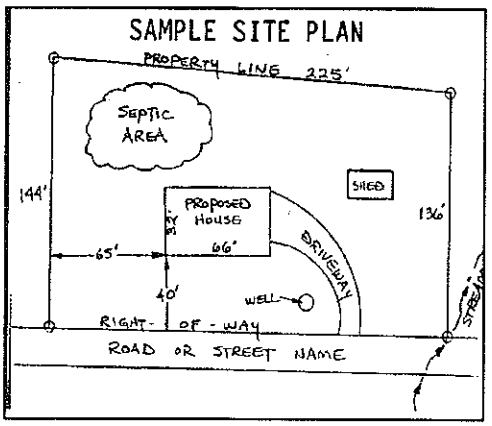
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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:

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 attached Improvement Permit

Signature: _____

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

10/22/2015

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176718

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

PIN # 4624-17-5428

APPLICANT: JOHN & TRICIA ODENWALD APPLICANT ADDRESS: 2804 WHALENECK DR. NY, NY 11566

SITE ADDRESS: 119 MISTY COVE LN PHONE: 980-429-1580 ALT. PHONE: RUSSELL WILLIAMS

SITE DIRECTIONS: BSR, TUSKARORA, BLARNEY, MISTY COVE, ON L

SUBDIVISION: CL&T SECTION: 6 LOT # 194 LOT AREA: .809 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2@100' Linear Ft: 200'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: LP PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

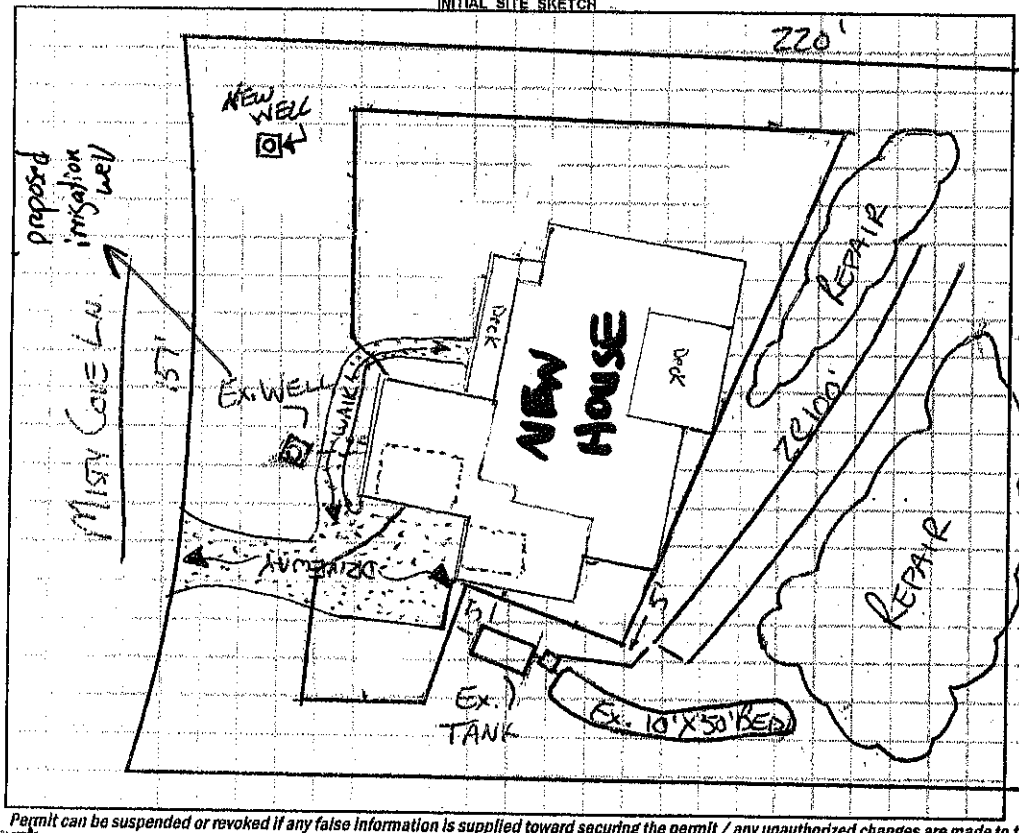
☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

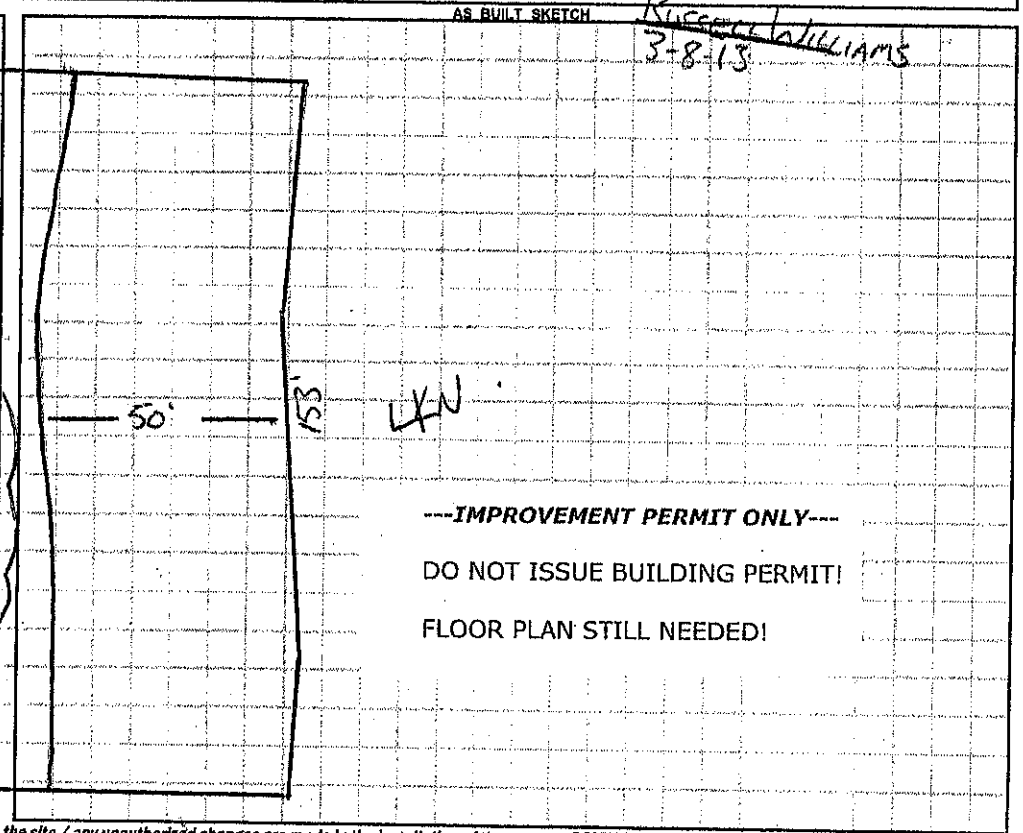
Comments / Conditions:

E-MAILED RUSSELL WILLIAMS 3-8-13

INITIAL SITE SKETCH



AS BUILT SKETCH



---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: Russell Williams Date: 3/5/13 Installed by:

IMPROVEMENT PERMIT by: Date: 3-8-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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...
- ✓ 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:

- ✓ 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

Signature: Russell B. Williams
REQUIRED property owner or owner's legal representative signature.

1-14-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached Site Plan + Survey -

Date Issued 6-10-80

Serial 3979

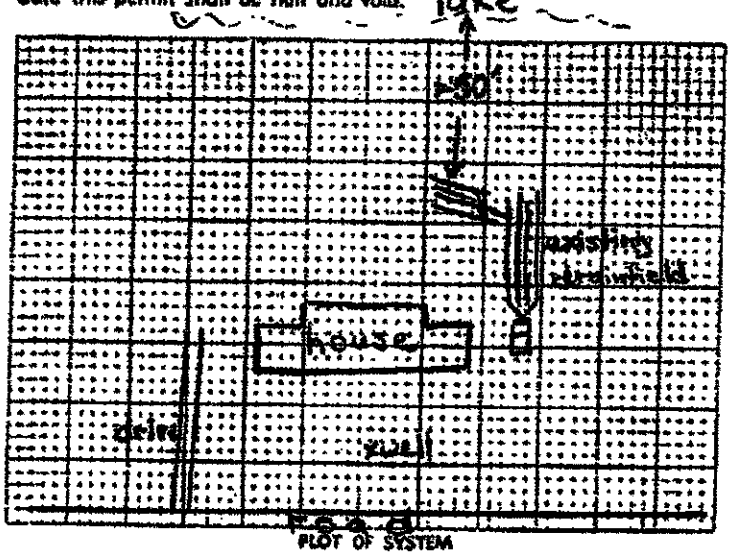
ICAR(S) Permit No. 16879

T. C No. 001-383-16

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16879, dated 5-14-80 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 7-10-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 125'

Number of Lines 2

Distance from House >10'

Distance from Property Line >10'

Distance from Well 65'

NAME OF OWNER Davis, Fred H.

LOCATION OF PROPERTY Misty Cove Lane

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

6' wide x 32' long x 34" of stone

Division or Section Head

Mike Sexton
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5/19/80

ICAR (S) Application No 16879

T.C No 001-383-16

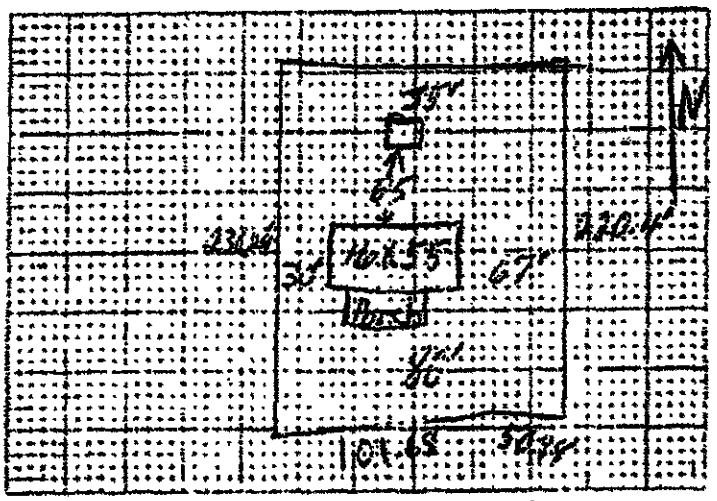
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) Install or Construct 2) ~~✓~~ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ____Yes____No
Residence X Yes ____ No
4) No of Bedrooms 2
5) Business Use — Max No Employees ____
6) Washing Machine ____Yes X No
7) Garbage Disposal ____Yes X No
8) Dishwasher ____Yes X No
9) Water Supply:
A) Individual Well X
B) Governmental System ____
C) Community System
1 Well source ____
2 Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ____Yes X No
House located within 200 feet of community sewer ____Yes X No
11) FHA Case No ____
12) VA Case No ____

13) NAME OF OWNER Davis (LAST) Fred (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 21 Main St Cecil N.C. 28025

15) PHONE NO Home 732-4253 Office 394-4161

16) LOCATION OF SYSTEM Hwy 601 N. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lake Wiess Lot No. 194 Block No. Sec 6

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 4165 AT PAGE 0407

19) HAS A SOIL INVESTIGATION BEEN RUN? . . YES ... NO DATE RUN. ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

Fred H Davis
OWNER

EHD-5-7A

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY