IREDELL COUNTY HEATLH DEPARTMENT

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...

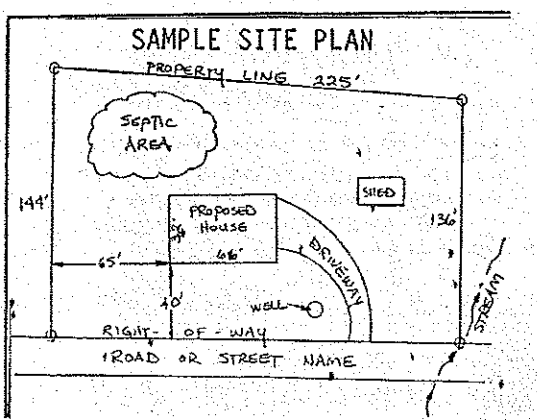
Circle N/A on the following if appropriate:

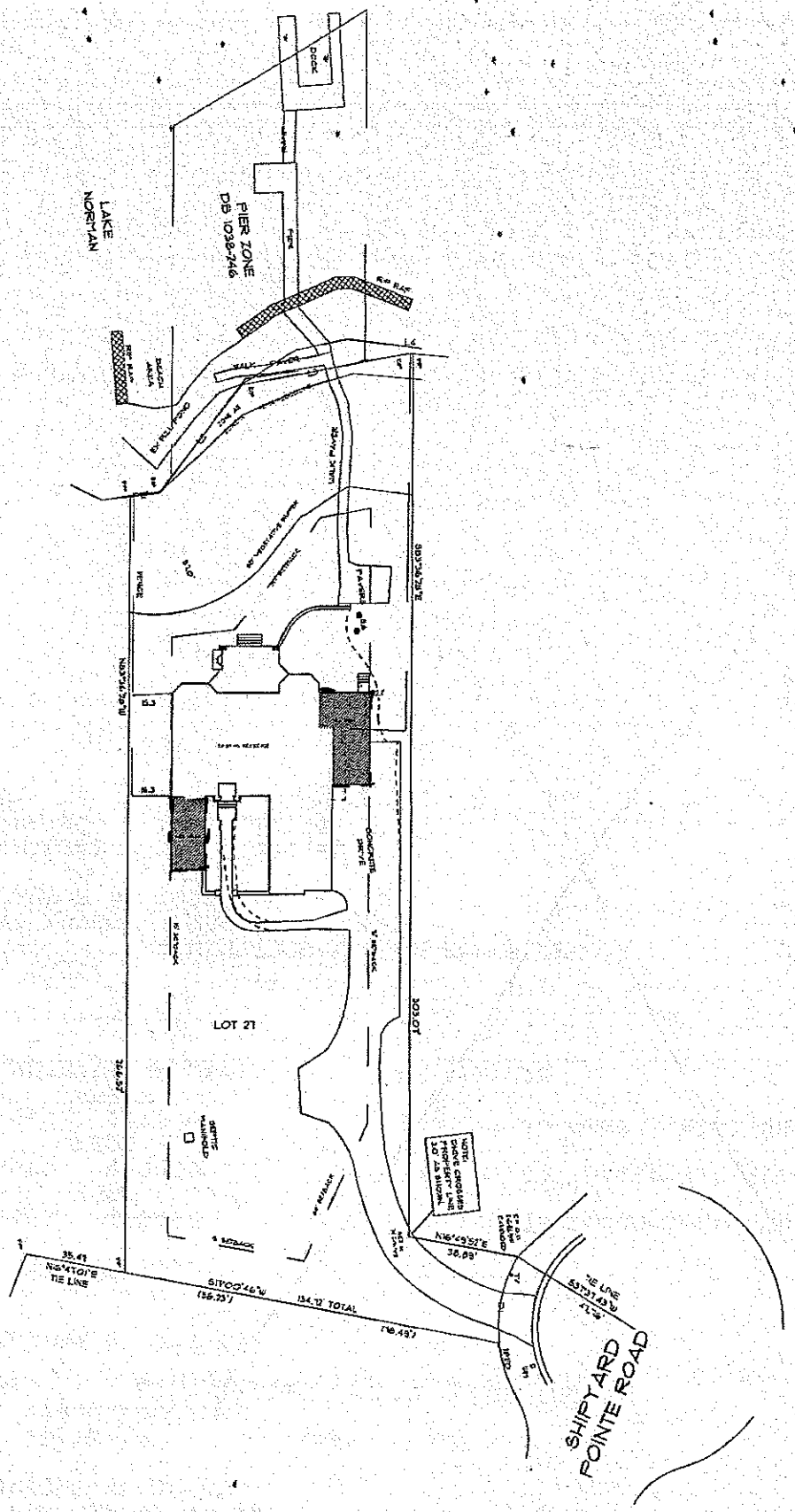
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: _____ 12-16-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached





SITE PLAN 1
EXISTING FIRST FLOOR PLAN 2
EXISTING SECOND FLOOR PLAN 3
EXISTING ROOF PLAN 4
EXISTING ELEVATIONS 5
FIRST FLOOR DEMOLITION PLAN 6
SECOND FLOOR DEMOLITION PLAN 7
NEW FOUNDATION PLAN 8
NEW FIRST FLOOR PLAN 9
NEW SECOND FLOOR PLAN 10
NEW ROOF PLAN 11
NEW FRONT & REAR 12
NEW LEFT & RIGHT 13

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 065642 PIN# 4625944684 (pt) 4626 20 1059 DATE Jan 17, 02

OWNER OR CONTRACTOR Weston & Rose Marie Lazear PHONE: Business _____ Home _____

ADDRESS 1042 Southwest Dr. Davidson NC 28036

LOCATION Brawley Sch Rd TR Bay Harbour TR Shipyard Pt. At end on left

SUBDIVISION The Harbour BLOCK / SECTION 2 LOT 27 LOT AREA 31,860 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/10/01
Pump Tank: 1000 Gallons; PT 207 Date 12/6/01
Pump Make: Zoeller Model ME 140 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 @ 50' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 0 NR - Innovative - 25% Reduction
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
Gravel Depth NR ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

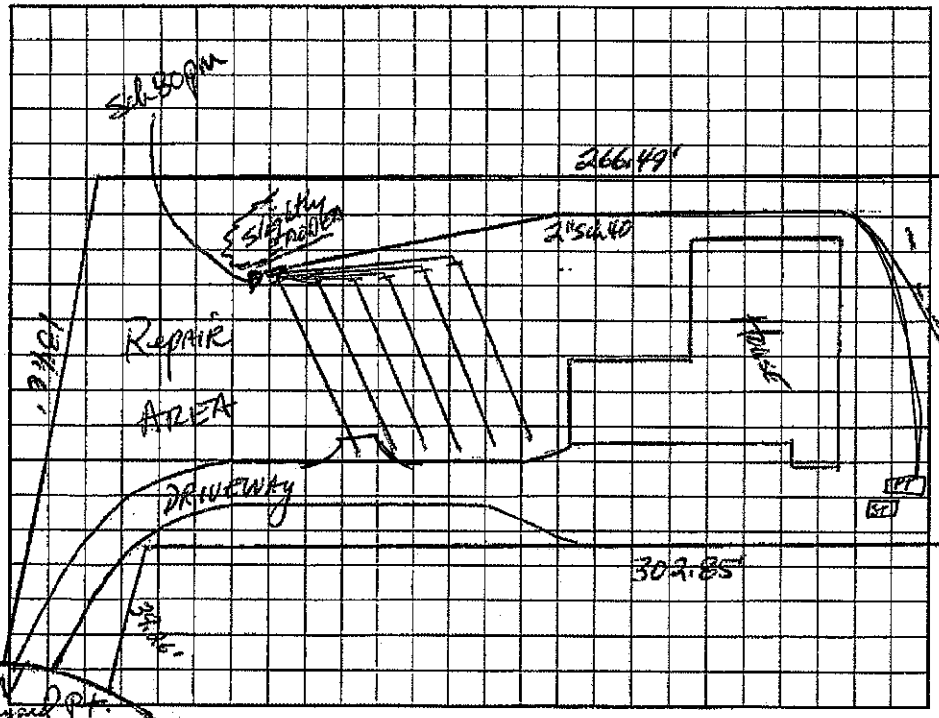
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees ____
☐ Other

Water Supply: ☐ Individual ☐ Public ☐ Community

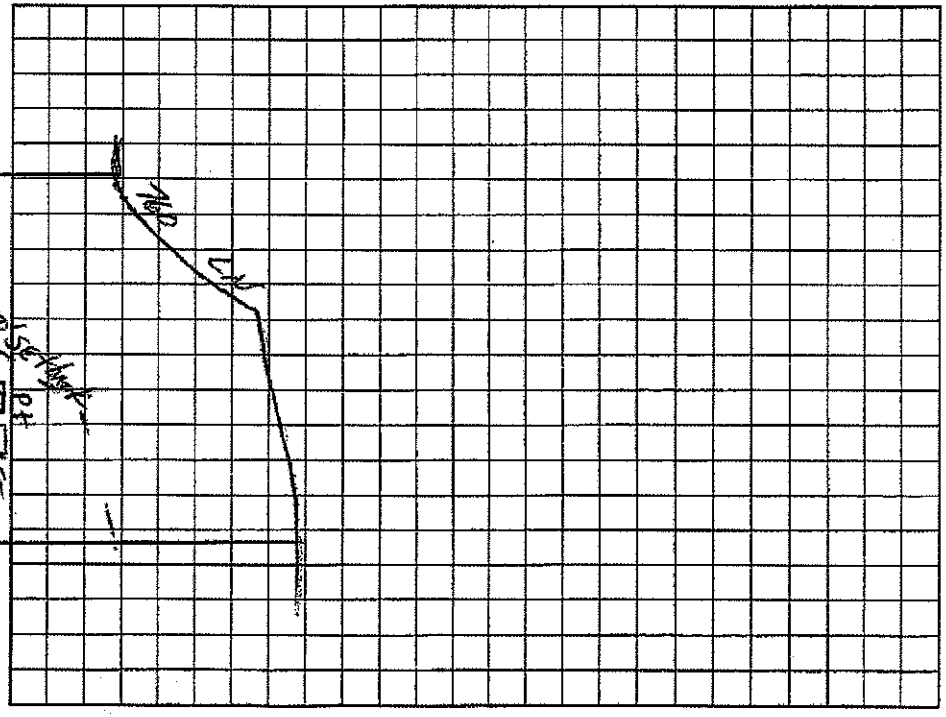
Comments/Conditions:
This permit replaces permit issued 75-01. House was built approx. 15' further upslope and driveway encroached on drainfield necessitating change to 25% Reduction drainfield

Comments/Conditions:
Keep ~~Future~~ sidewalk within 10' of upslope side of garage.

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1-18-02 Installed by: Larry Beam

Improvement Permit by: _____ date 1-17-02 Operation Permit by: Maria H. Dotson RS date 3/12/2002

Authorization to Construct by: _____ date 1-17-02 Existing System Inspection by: _____ date _____

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