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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 si[de] setbacks from property line...

_____ Area you pr[efer] your septic system to be placed...

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

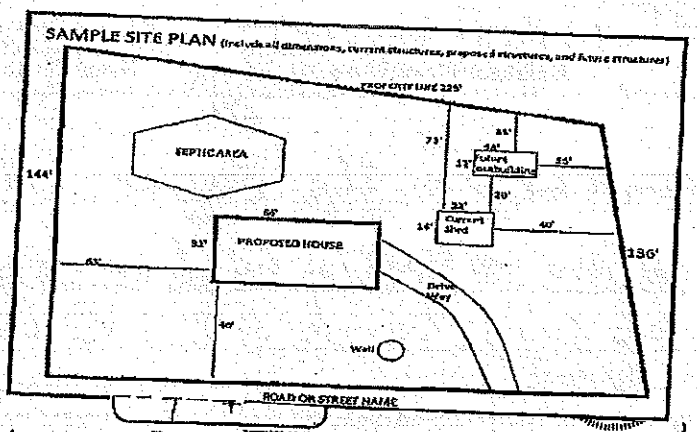
_____ North arrow, or other sufficient indicator of direction...

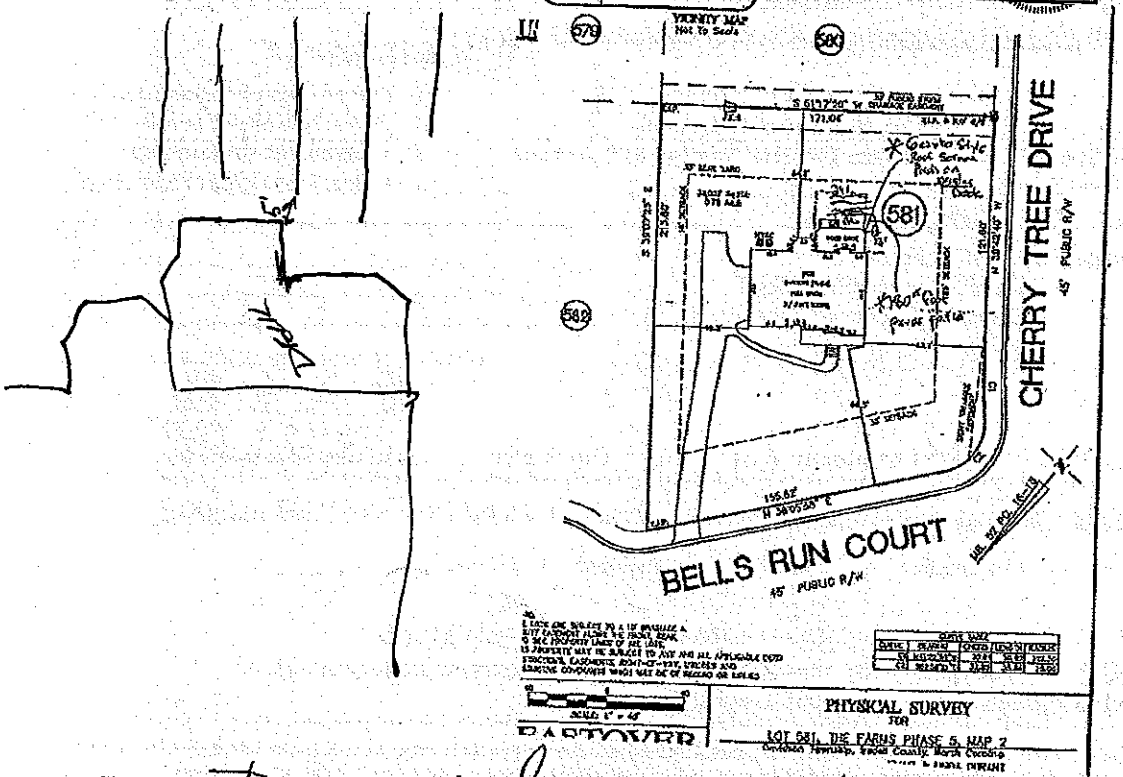
Circle N/A on the [fo]llowing if appropriate:

_____ 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





Constructing Screened porch ON existing deck structure then Adding simple paver patio behind deck Area.

Signature: _____ 5/12/15

REQUIRED property owner or owner's legal representative signature.

DATE 05/06/2015 15:43 05/12/2015 11:[illegible]

HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

IMPR. / PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 159338 PIN # 4626-57-4958 DATE 3-5-12

OWNER M.I. HOMES APPLICANT: SAME PHONE: Home/Cell # 704-407-7882 Business #

SITE ADDRESS 106 BELLS COURT OWNER / APPLICANT ADDRESS 9555 MAIER CORNERS PKWY CH. NC 28269

SITE DIRECTIONS RSR TR MCKENDREE, TR GRASSHOPPER, TR CHERRY TREE, ON L

SUBDIVISION TIME FARMS BLOCK / SECTION 5 LOT # 581 LOT AREA .76 AC DESIGN FLOW 480 L.T.A.R. .65

Septic Tank 1500 Gallons: STB 444 Date 11-30-11 ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI ☑ Residence No. Bedrooms 4 Water Supply

Pump Tank ____ Gallons: PT ____ Date ____ System Description: 75% REDUCTION ☐ Business No. Persons ____ ☐ Private

Pump Make ____ Model ____ Serial # ____ Repair System Description: LP-PANEL BLOCK ☐ Other No. Employees ____ ☐ Public

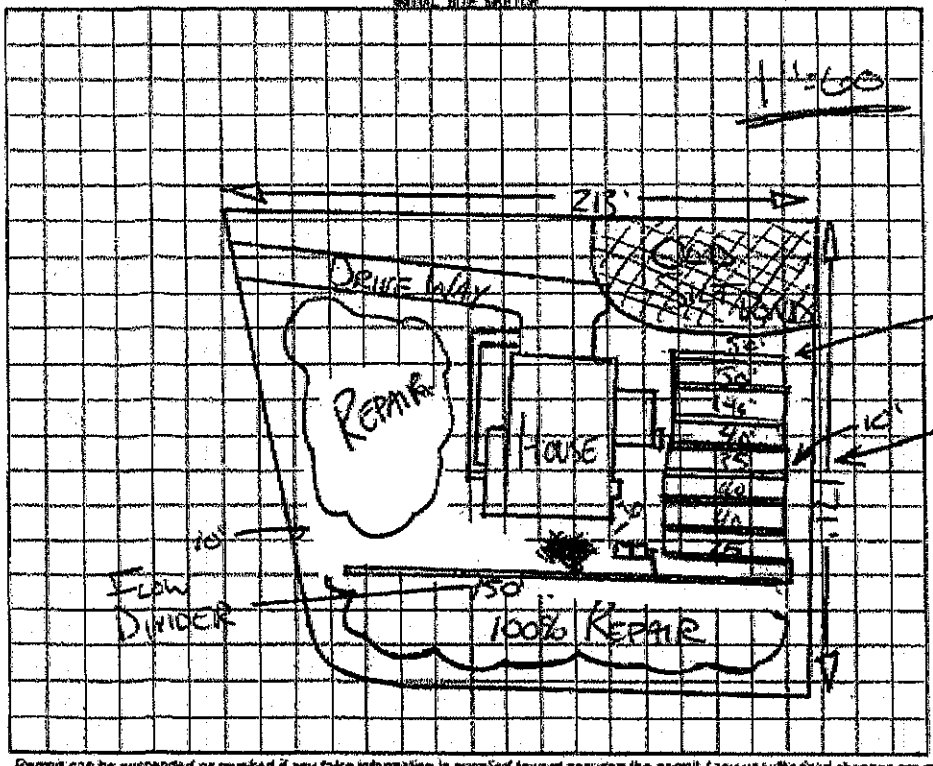
No. Nitrification Field: #1 No. Lines 12 Linear Feet 480' Maintenance Agreement Required ☐ YES ☑ NO ☐ Slab ☑ Crawl Space ☑ Community

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____ ☑ GRAVITY ☐ PRESSURE ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions:

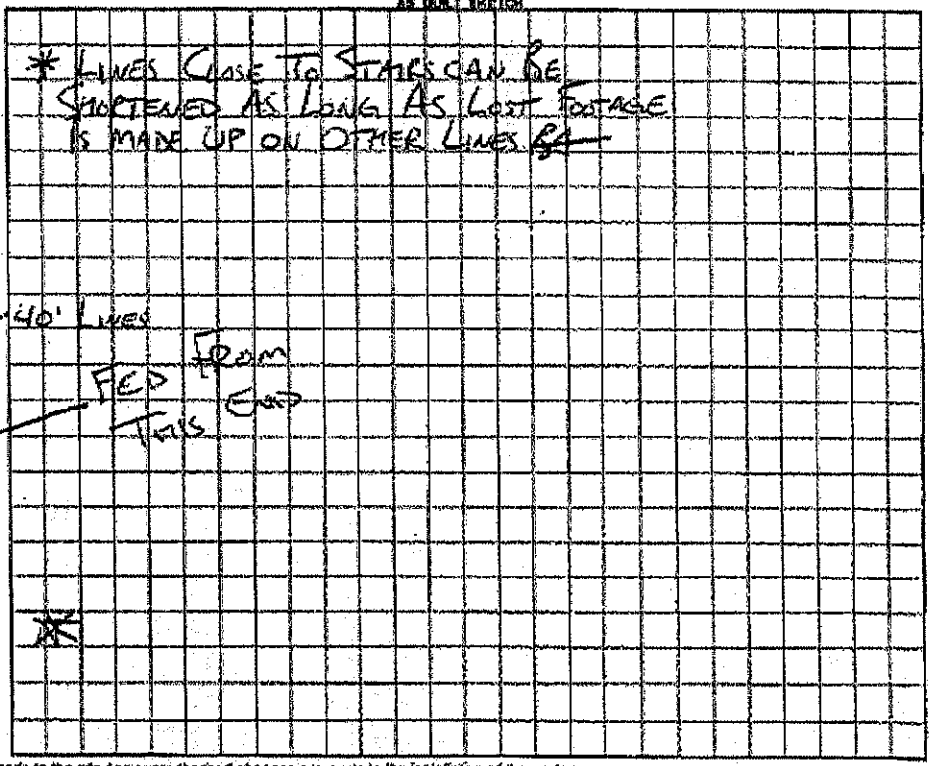
① STAY 5' FROM FOUNDATION

INITIAL SITE SKETCH



AS BUILT SKETCH

* LINES CLOSE TO STREAM CAN BE SHORTENED AS LONG AS LAST FOOTAGE IS MADE UP ON OTHER LINES



OK 5' OFF POOL/DECK

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 plat valid without expiration, the plat valid for 60 mo.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 3-5-12 Installed by: ARBOR HYDRO

IMPROVEMENT PERMIT by: [signature] REHS Date 3-5-12 OPERATION PERMIT by: [signature] REHS Date 10-5-12

AUTHORIZATION TO CONSTRUCT by: [signature] REHS Date 3-5-12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy - Environmental Health YELLOW COPY (if not) Owner / Applicant PINK COPY (none) Owner / Applicant

05/06/2015 09:16