IREDELL COUNTY HEALTH DEPARTMENT

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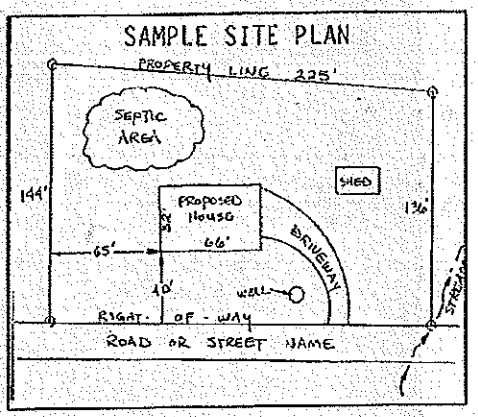
ENVIRONMENTAL HEALTH DIVISION

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

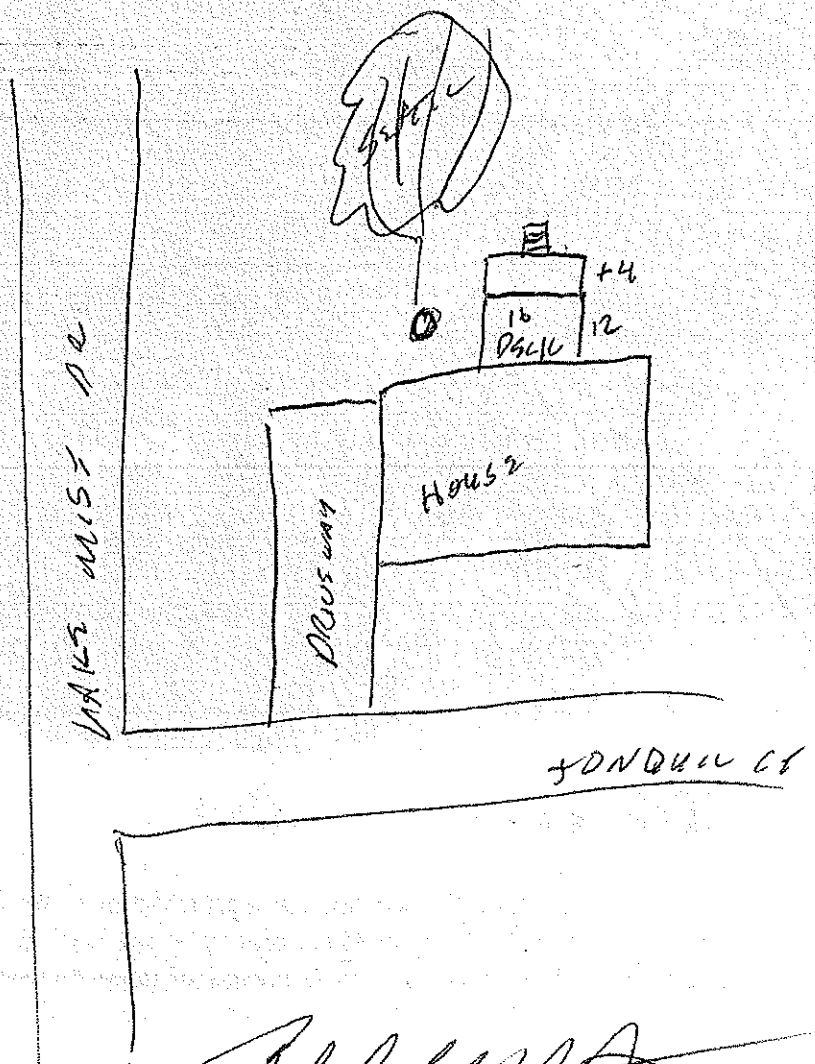


Circle N/A on the following if appropriate:

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



Signature: _____

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

6-1-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 24157 DATE 6/26/96 TAX MAP NO. 2F 12 A 12 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR John Wieland Homes PHONE: Business 663-6905 ~~Home~~ 426-60-1197

ADDRESS 8325 Dulaw Ridge Blvd Char. NC. 28237

LOCATION Bypass Sch TR Bay Harbour TL Lake Mist TL Jonquil Ct. (L) corner lot

SUBDIVISION Harbour BLOCK / SECTION 1 LOT 1 LOT AREA 1.65AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/31/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 399*

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

☐ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: 4" CH PLASTIC

Repair System Description: 16" Prefab Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

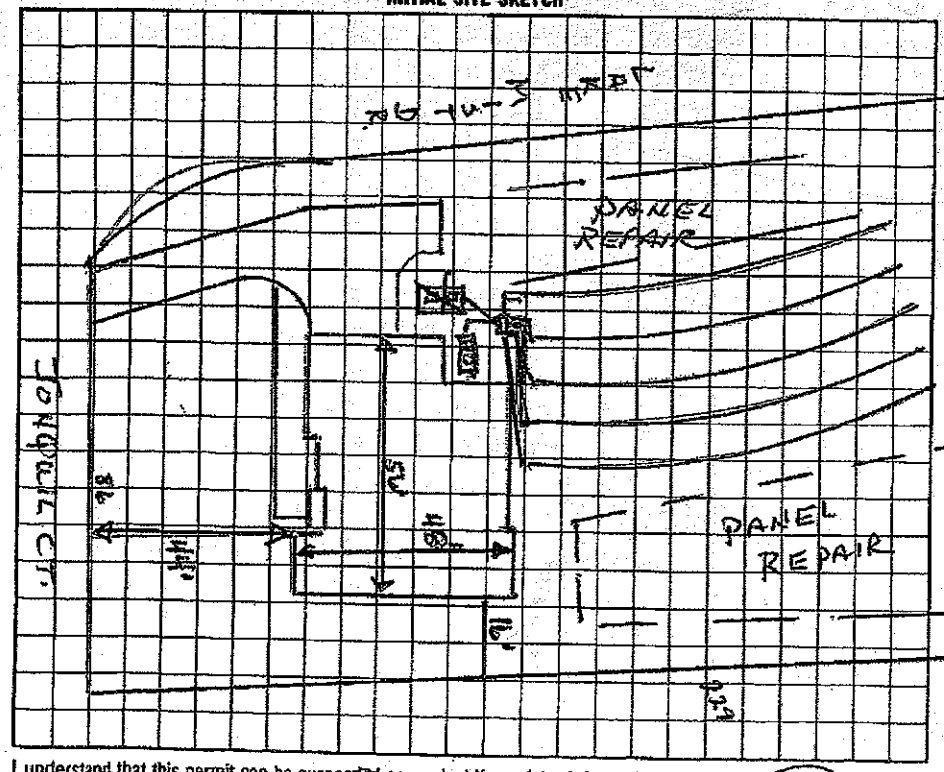
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

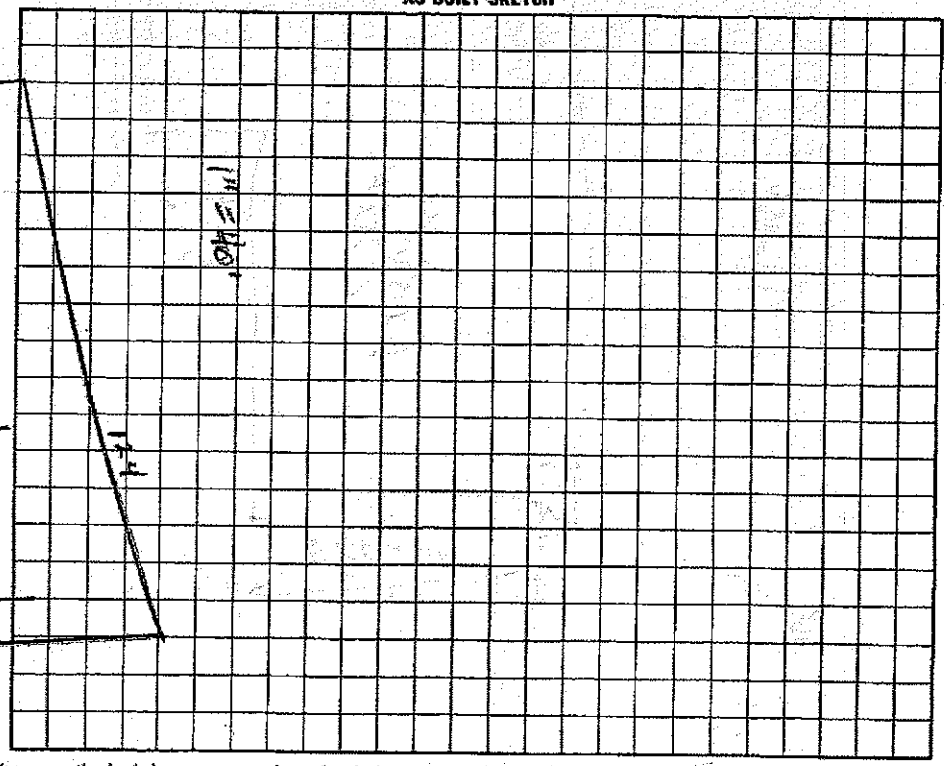
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied inward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Authorization to Construct valid 60 months.

Signed: _____ Agent

Improvement Permit by: Wesley Sparks R.S. date 6/26/96

Final Inspection by: Wesley Sparks R.S. date 6/26/96

Installed by: MacLeod

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 11/27/96

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