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... **X 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

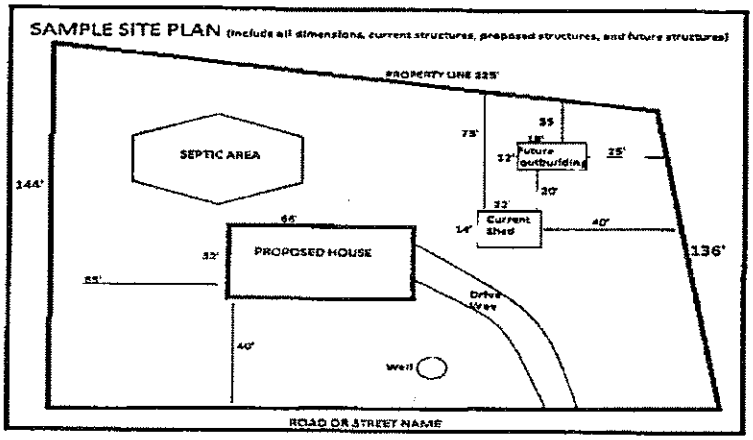
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Attached

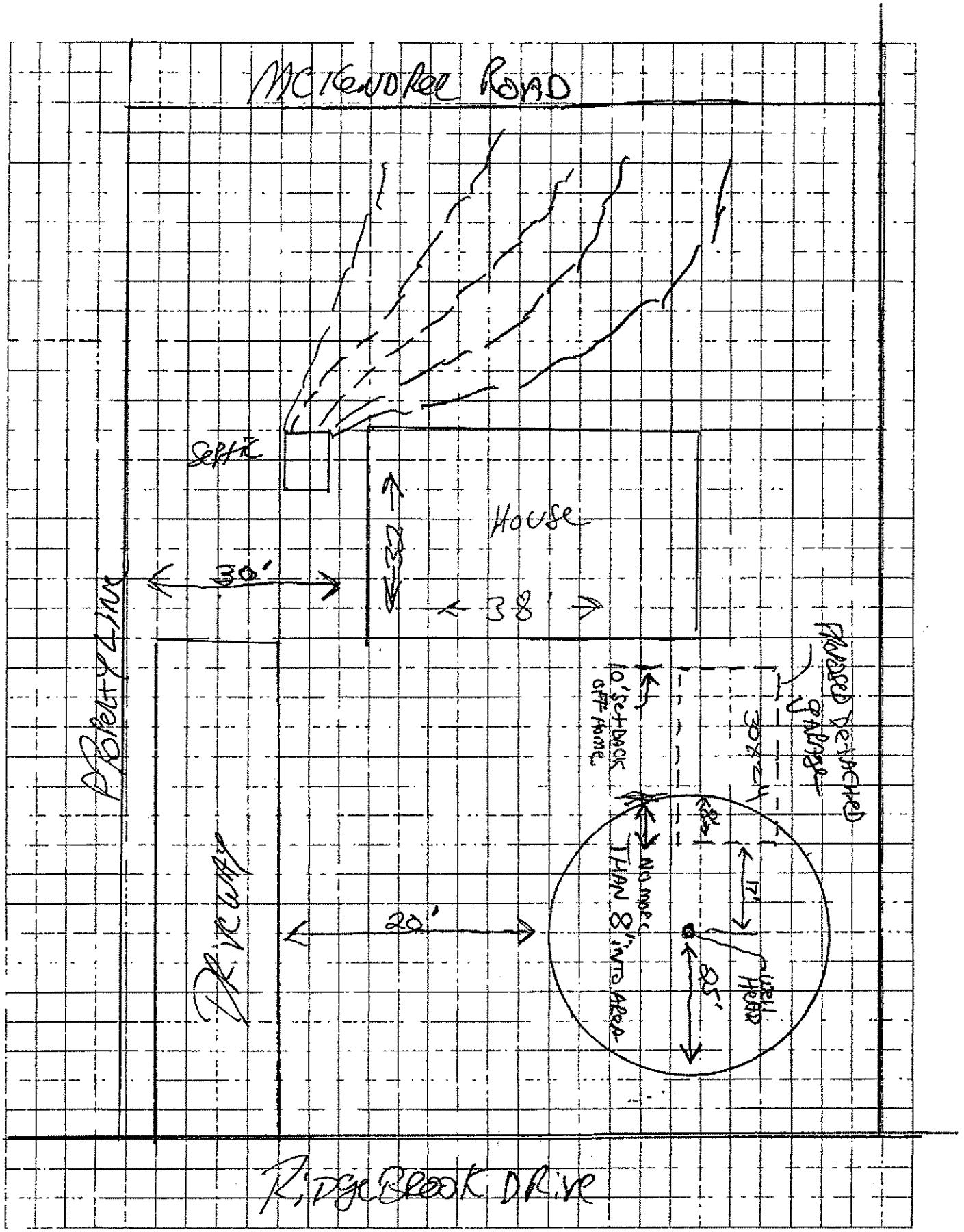
Signature: _____

REQUIRED property owner or owner's legal representative signature.

8-1-16

DATE

DETACHED GARAGE ON CONCRETE FOUNDATION



DO TO SETBACKS OFF PROPERTY LINE AND HOME. THIS IS THE ONLY PLACE A GARAGE WILL FIT.

NOT to SCALE

PIN# 4626-75 6 78

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16484 DATE June 10, '93 TAX MAP NO. 2F10B14

OWNER OR CONTRACTOR Lyle Howell Est PHONE: Business 892-1020 Home

ADDRESS 6201 Sutton Road, Huntersville NC 28078

LOCATION 1600 SR 1115 above TR Angie Lane TL Ridgebrook Dr. 2nd lot on left

SUBDIVISION Brookridge Shores BLOCK / SECTION 4 LOT 14 LOT AREA 100'X253' SITE CLASS. B L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794-Bellinger Date 8-19-93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Trench Depth 24"-30" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: ~~Same~~ PPBPS

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

Garbage Disposal: ☐ Yes ☑ No

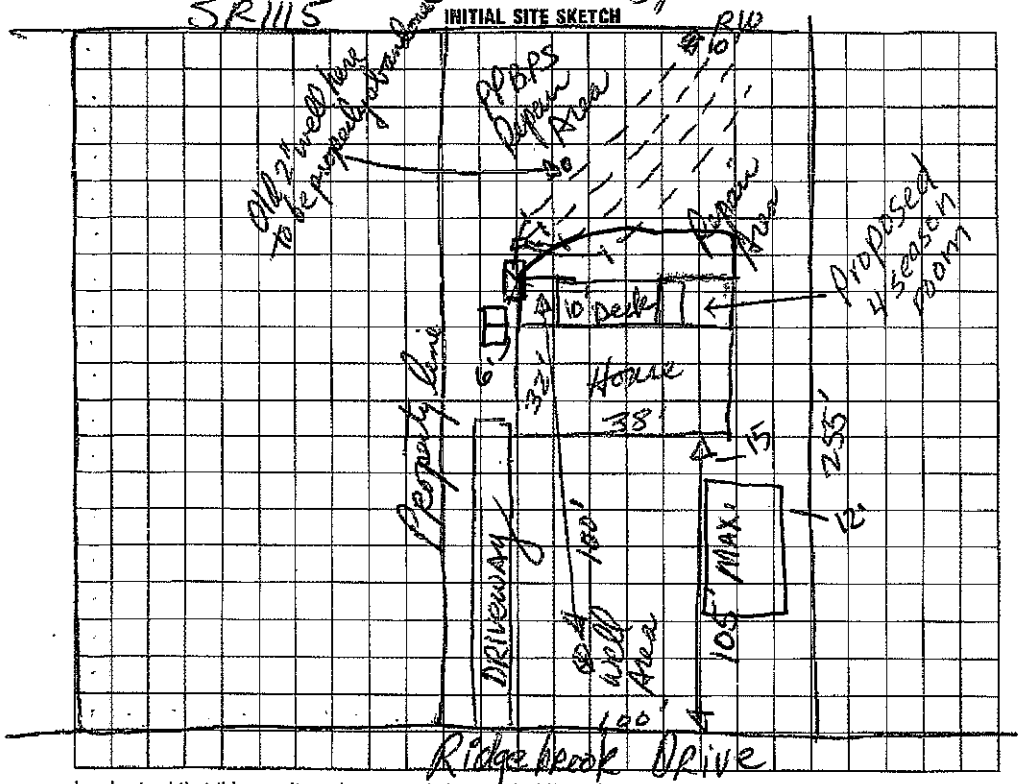
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

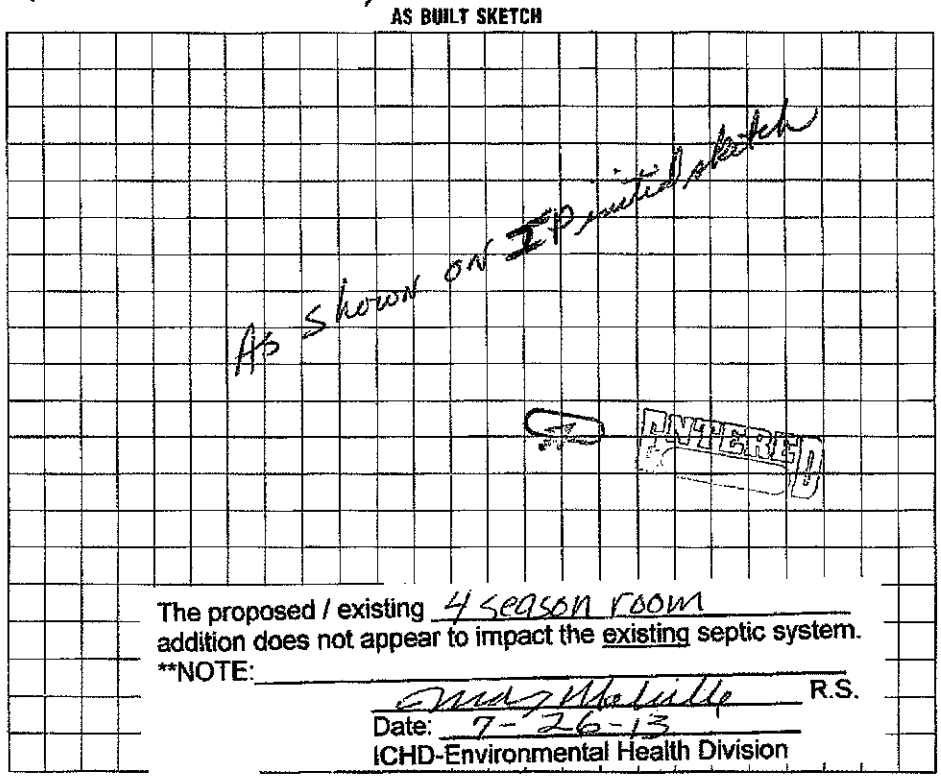
Other ____

Comments: Exit plumbing at existing grade in rear on slope to accomodate specified trench bottom depth. Follow contour. System installed 10-15-93; well not shown due to this lot.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing 4 season room addition does not appear to impact the existing septic system.

**NOTE: ____

R.S.

Date: 7-26-13

ICHD-Environmental Health Division

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 ____

Improvement Permit by: David R Henson, RS date 6/16/93

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: David R Henson, RS date 10/21/93

Operation Permit by: ____ date ____

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