IREDELL COUNTY HEALTH DEPARTMENT

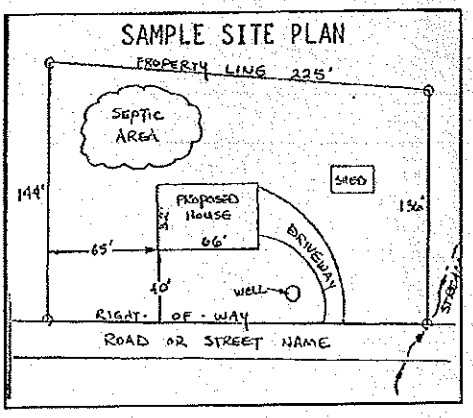
ENVIRONMENTAL HEALTH DIVISION

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

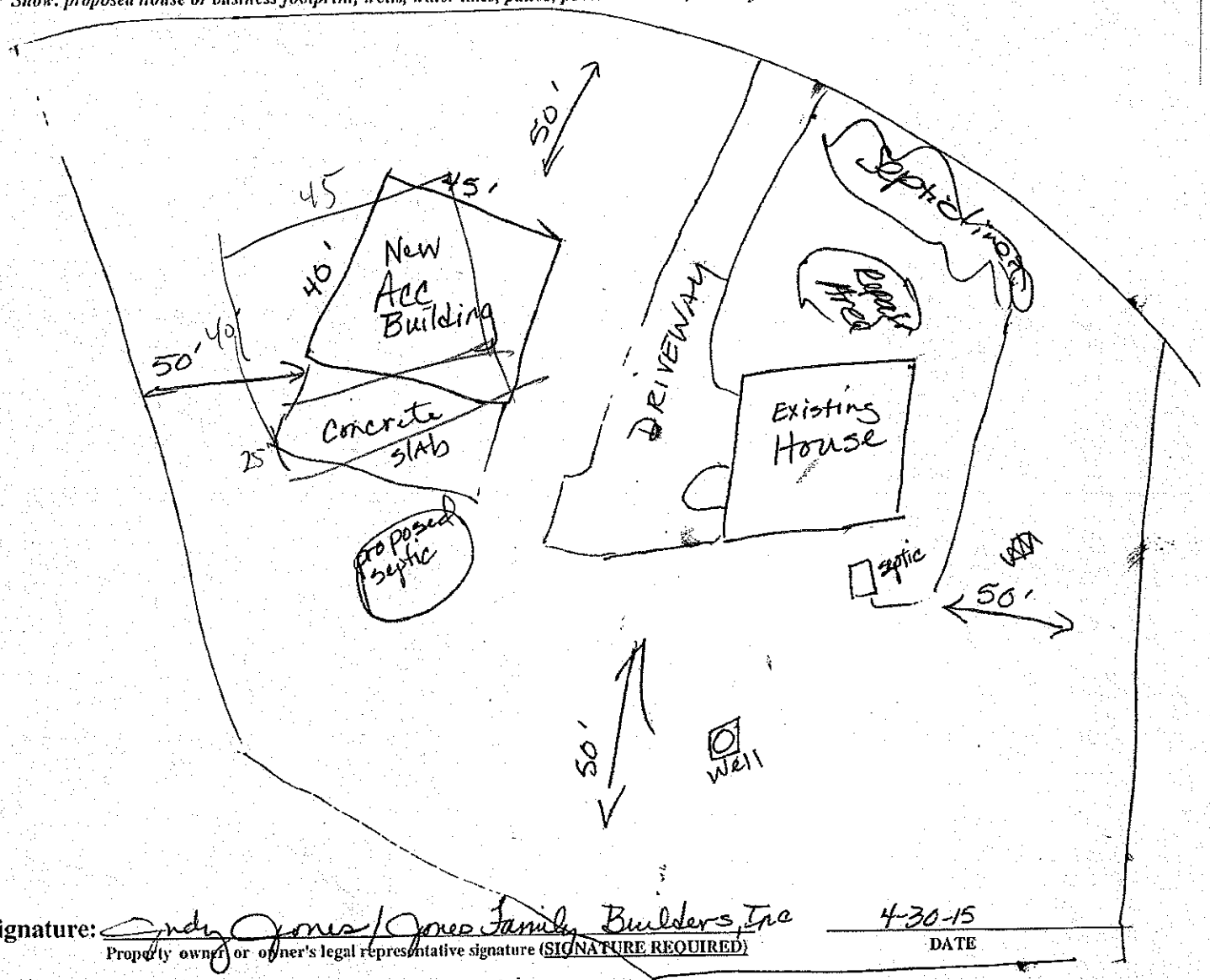


Circle N/A on the following if appropriate:

- 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



Signature: Cindy Jones / Jones Family Builders, Inc — 4-30-15

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

THIS PERMIT REPLACES PREVIOUS ISSUED 7-19-2007

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139942 PIN# 4629-84-2962 DATE 4-8-2011

OWNER OR APPLICANT TIMOTHY TRUESDALE PHONE: Business 704-604-5374 Home 704-662-3856

ADDRESS 551 STILLWATER ROAD TROUTMAN N.C. 28166

LOCATION STATE PARK ROAD, TO MORRISON FARM ROAD, TL DAYVAULT CUT, TR STILLWATER RD, 0.75 MILE ON LEFT

SUBDIVISION C I & T BLOCK / SECTION 17 LOT 877 LOT AREA 1.1 ACRES SITE CLASS: PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 2/15/11
Pump Tank: 1000 Gallons: PT 283 Date 10/10/10
Pump Make: GOULDS Model WE07 1214 Serial No. G088338
Nitrification Field: No Fields 1 Square Feet EQ.TO 1920 Linear Feet 320
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravity Depth 26"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 50% REDUCTION, LOW-PRESS.
Repair System Description: 50% REDUCTION, LOW-PRESS.
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ___ No. Employees ___

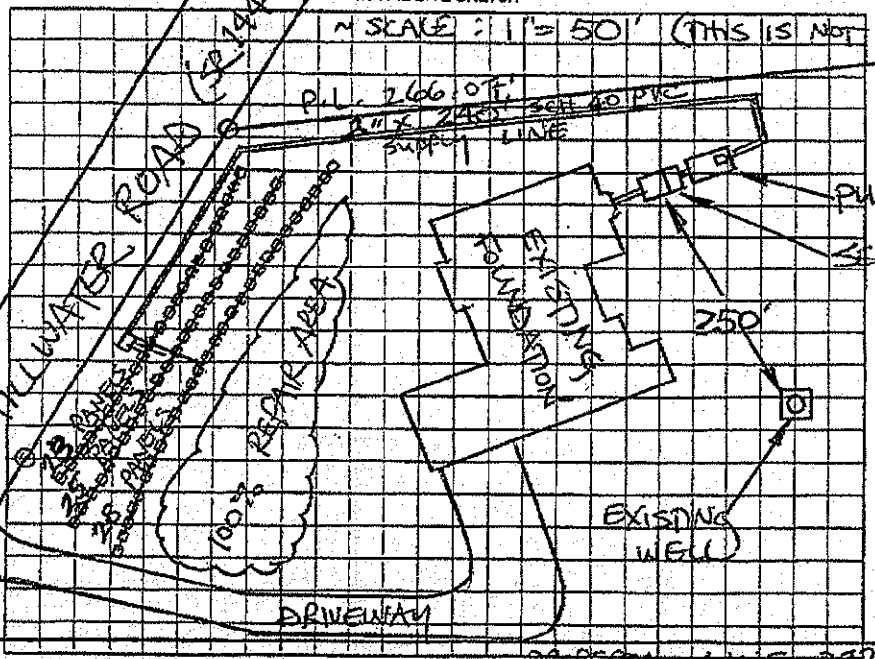
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Gravity ☑ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

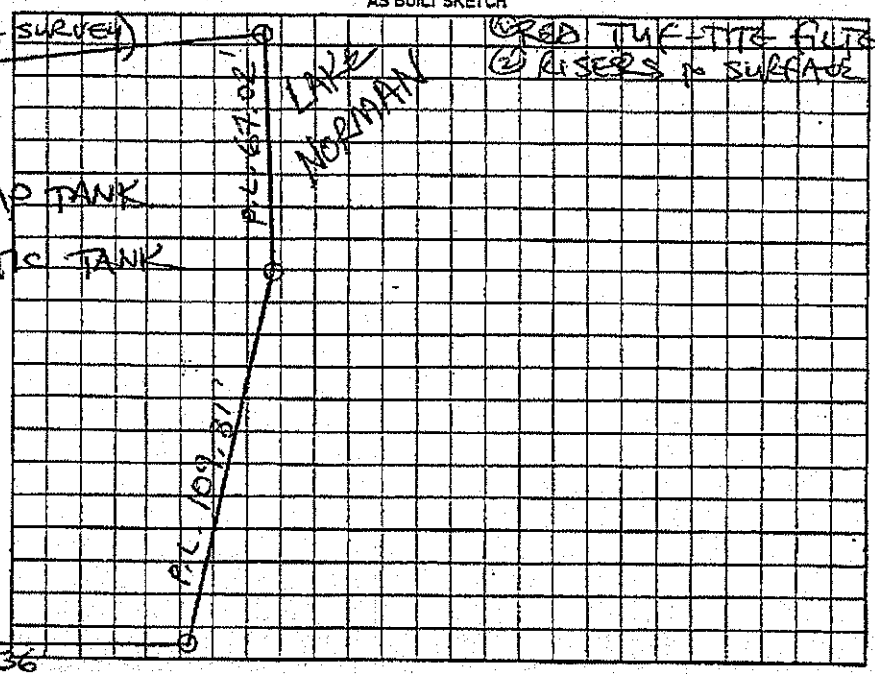
Comments/Conditions: INSTALL 50% REDUCTION SYSTEM AS SHOWN USING 76 PPBPS PANELS (23, 25, 28) USING LOW-PRESSURE DISTRIBUTION. SEE ATTACHED SHEETS FOR PUMP & LOW-PRESSURE DISTRIBUTION SPECIFICATIONS.

Comments/Conditions: A CONTRACT SHALL BE EXECUTED BETWEEN THE SYSTEM OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUANCE of THE OPERATION PERMIT

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 _____

Improvement Permit by: STEVE HEDRICK date 4-8-2011

Authorization to Construct by: STEVE HEDRICK date 4-11-2011

PAID APR 11 2011
#205.00 - Comm. Relocat

Installed by: F.J. ERWIN

Operation Permit by: STEVE HEDRICK date 5/16/2011

Existing System Inspection by: _____ date _____

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