DocuSign Envelope ID: 5DA55648-E9DD-4901-B523-080CCD5EF01D

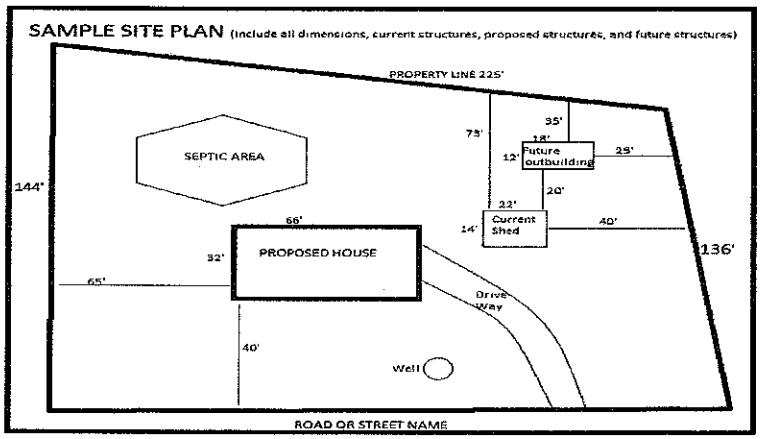
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

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 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 "septic system site plan"

Signature: DocuSigned by: John Coggan 10/28/2015 | 5:42 PM ET — DocuSigned by: Cathleen Hill 10/28/2015 | 5:01 PM ET — DocuSigned by: Christina Klepp 10/28/2015 | 8:52 PM ET

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

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IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OR CONTRACTOR Robert Cloninger Homes DATE Jan. 22, '93 PERMIT NO. 2623
4636 20 36

Business _____ Home _____

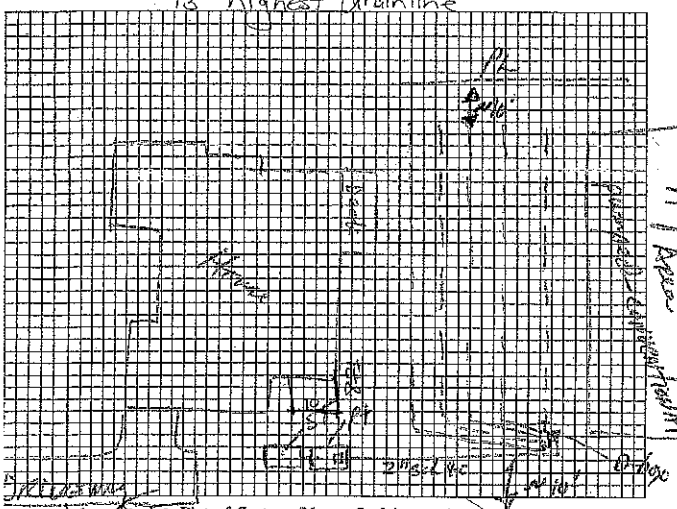
ON SR 1100 TL SR 1113 TR Cove Creek Rd. on right a
Rd 1st section S.R. No. _____

SION NAME North Shore at Pine Lake LOT NO. 12 SECTION OR BLOCK NO. _____

Mobile Home ☐ Business ☐ Other _____

ooms 4 No. Bathrooms 2½ Soil Characteristics PSCL Sa
Disposal Unit Yes ☑ No ☐ Application Rate 1.35 gal/sq ft/day
ihwasher Yes ☑ No ☐ Topography 26%
sh. Machine Yes ☑ No ☐ Depth to Water Table 74"
= 20,000 sq ft Rock or other impervious formations NONE OBS
34' closest drainline

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crav
73' highest drainline



Plot of System (Not to Scale)

Size of Tank 1500 / 1500
Nitrification Field:
No. of Lines 5 450
Sq. Ft. 1350 Linear Ft. 2
Depth of Stone in Lines 12"
Water Supply: Individual ☐
Public ☑ Cav

Installed by Leatherman Lincolnton
I understand and agree to install a septic tanl as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VAL 60 MONTHS FROM DATE OF I

EMENT PERMIT BY DRH

NTS Each lateral run maximum length 5 lines could accommodate.

CATE OF COMPLETION BY _____ DATE _____

SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if a n is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold