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

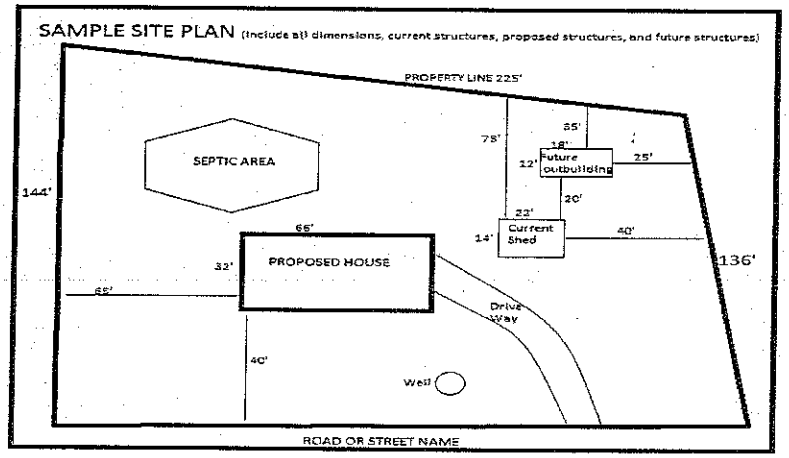
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

See Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

1-29-14

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

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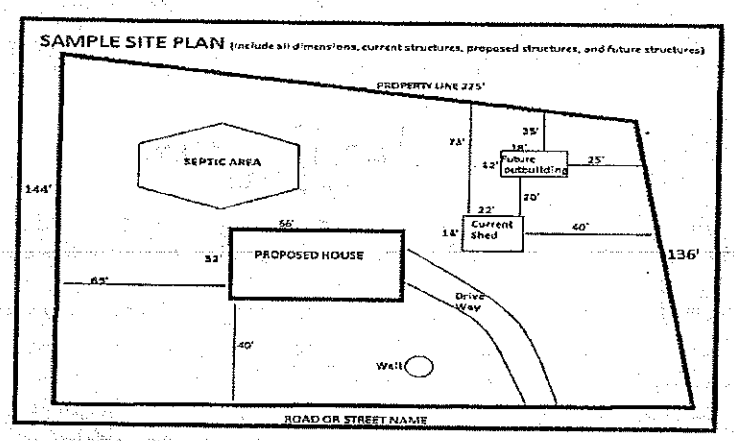
- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...**

SHOW: ***proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

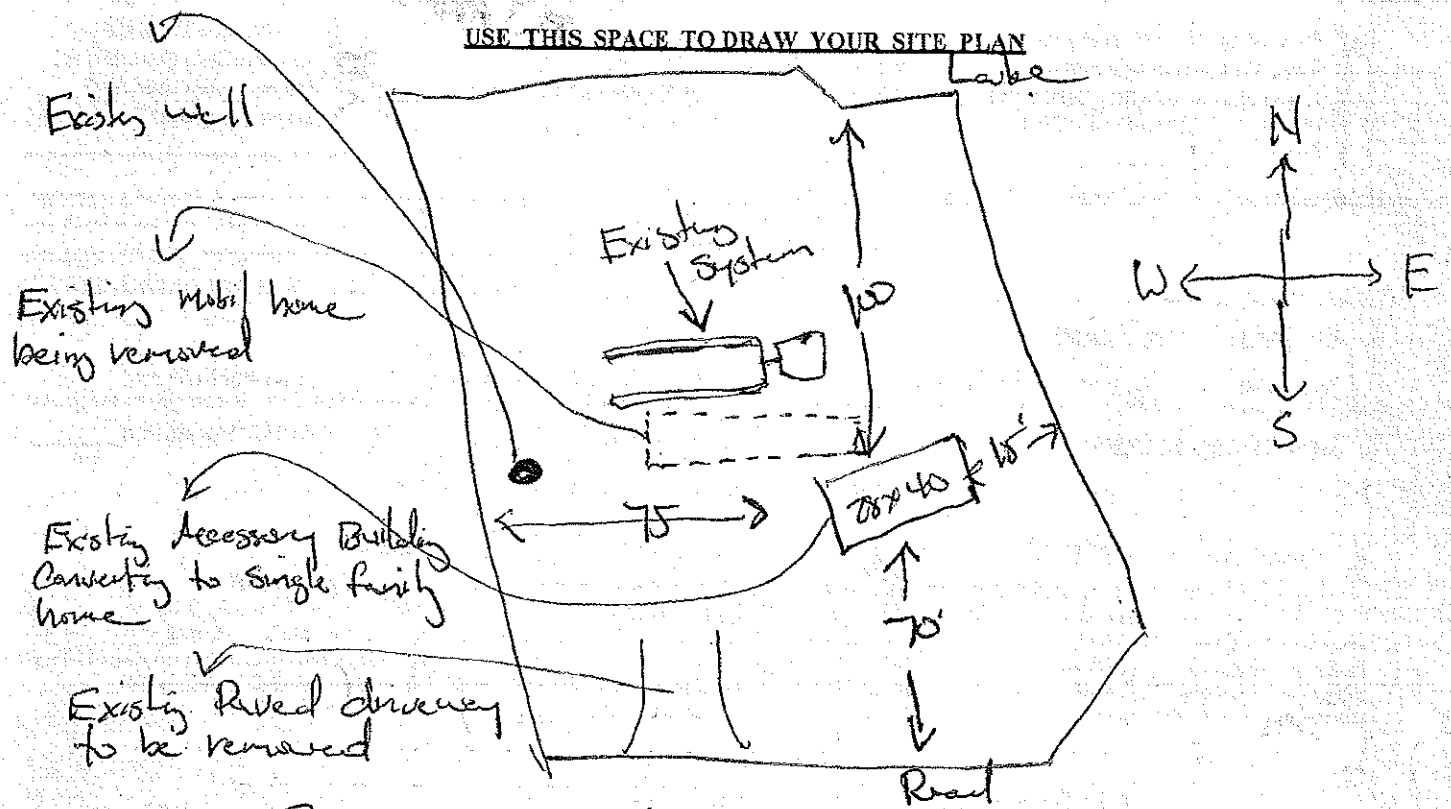
- X **Front and side setbacks from property line...**
- ____ **Area you prefer your septic system to be placed...**
- ____ **Preferred driveway location and configuration, preferred well location...**
- X **North arrow, or other sufficient indicator of direction,..**

Circle N/A on the following if appropriate:

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- ____ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

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

9-2-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 178084 PIN # 4638 06 9850 DATE May 8, 2013

OWNER Robert Herrick APPLICANT: PHONE: Home/Cell # Business #

SITE ADDRESS 165 Broadview Circle OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Perth RD N TL Fern Hill TL Broadview on left

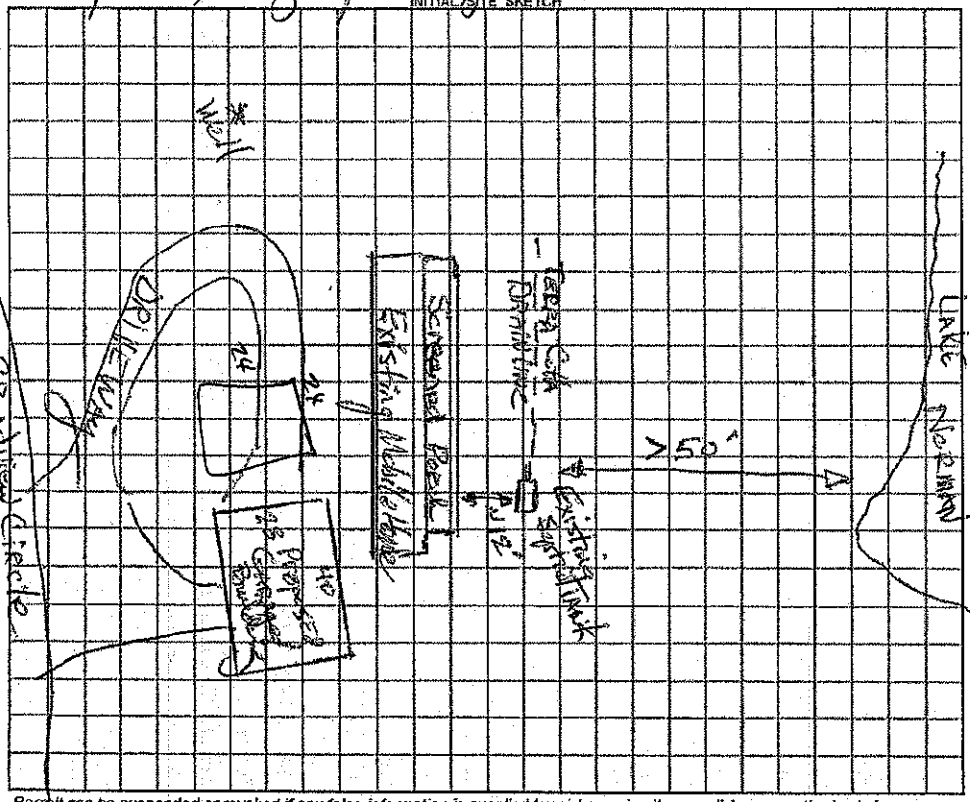
SUBDIVISION C&T BLOCK / SECTION 15 LOT # 82 LOT AREA DESIGN FLOW L.T.A.R.

Septic Tank Existing	Gallons: STB	Date	☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	Gallons: PT	Date	System Description: Existing	☐ Business	No. Persons	☒ Private
Pump Make	Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
No. Nitrification Fields Existing	No. Lines	Linear Feet	Maintenance Agreement Required ☐ YES ☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Max. Trench Bottom Depth	Gravel Depth	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

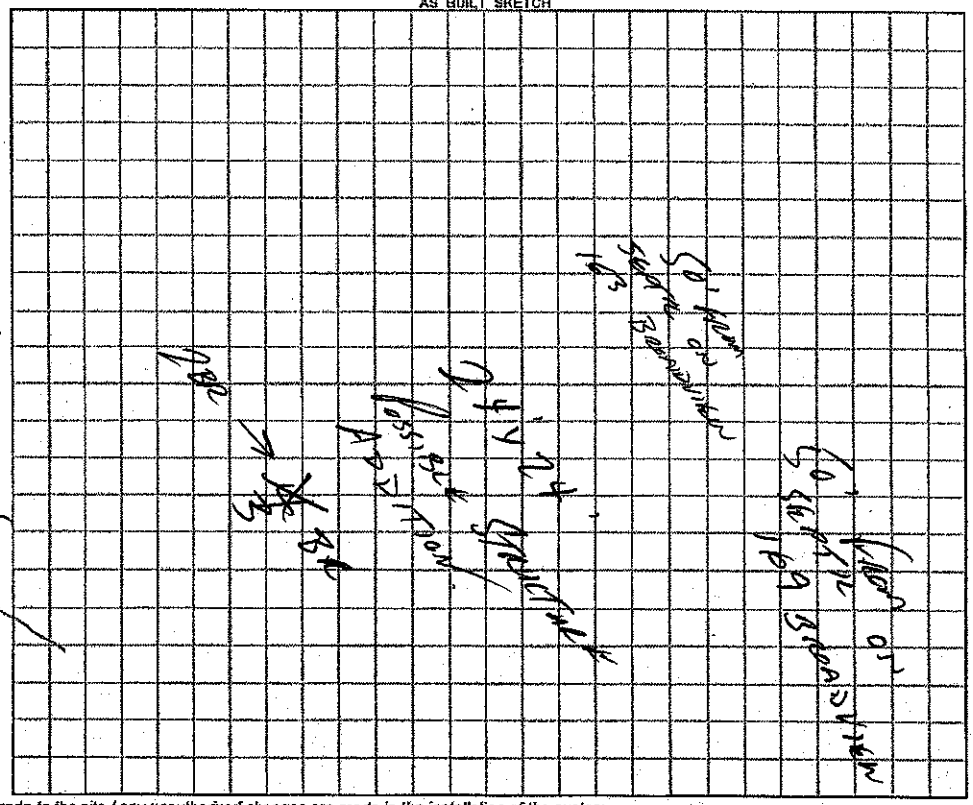
Comments / Conditions

Recommend pumping septic tank and replacing tee. Proposed detached garage and storage building does not impact existing septic system.

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 ~~plat valid without expiration.~~ site plan valid 60 mo.* ☐ *AUTHORIZATION TO CONSTRUCT* valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date Installed by:

IMPROVEMENT PERMIT by: REHS Date OPERATION PERMIT by: REHS Date

AUTHORIZATION TO CONSTRUCT by: REHS Date Existing System Inspected by: REHS Date 5-8-13

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

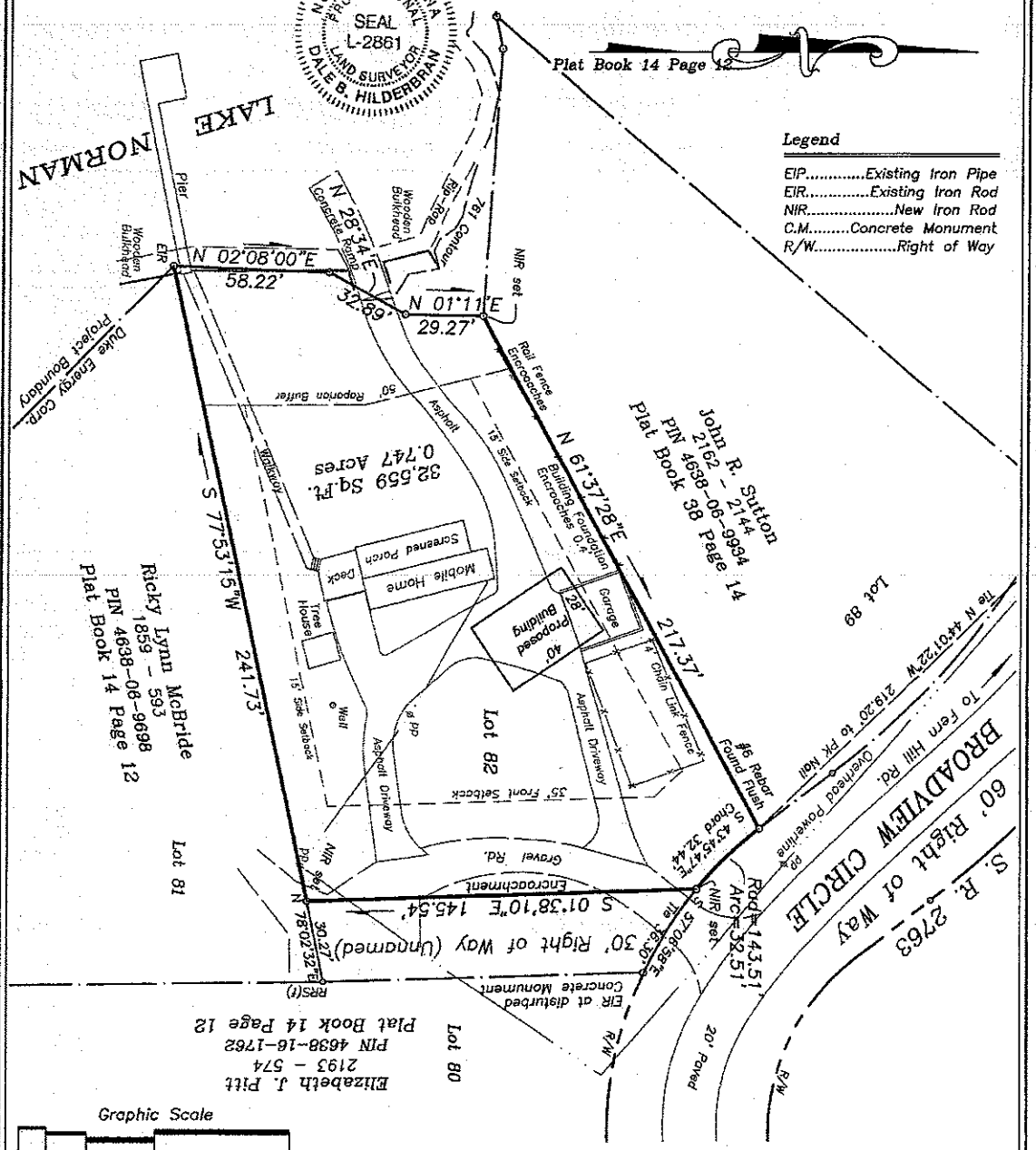
I, Dale B. Hilderbran *Hereby Certify, that this Plat was drawn from an actual Survey made under my direct supervision, (Deed Descriptions recorded in Deed Book* 629 *Page* 849 *and in Deed Book* _____ *Page* _____, *that the Ratio of Precision is 1 :* 20,000+ *as calculated, that the Boundaries not Surveyed are shown as broken lines, that this Plat was prepared in accordance with the N. C. Standards of Practice for Land Surveying (Board Rules Section .1600 as ammended).*

November 16, 2012

Dale B. Hilderbran
N. C. Professional Land Surveyor L-2861

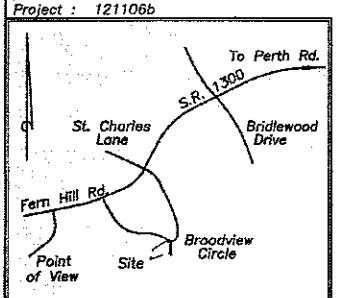
NORTH CAROLINA PROFESSIONAL SEAL L-2861 LAND SURVEYOR DALE B. HILDERBRAN

Plat Book 14 Page 12



Graphic Scale
0 10 25 50 100
1 inch = 40 ft.

Project : 121106b



Vicinity Map No Scale

Legend

EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
NIR.....New Iron Rod
C.M.....Concrete Monument
R/W.....Right of Way

Boundary and Recombination Survey Plat For

ROBERT HERRICK and wife IRENE HERRICK

Davidson Township Iredell County North Carolina
Scale 1"= 40' November 8, 2012

All of Lot 82 of the Crescent Land and Timber Corp. Section 15

Reference
Plat Book 14 Page 12 PIN 4638--06--9850

DALE B. HILDERBRAN, PLS.
LAND SURVEYING and SUBDIVISION PLANNING
2389 Kens Drive Sherrills Ford N. C. 28673
Phone (828) 478-3234 Mobile (980) 721-5025