# 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*

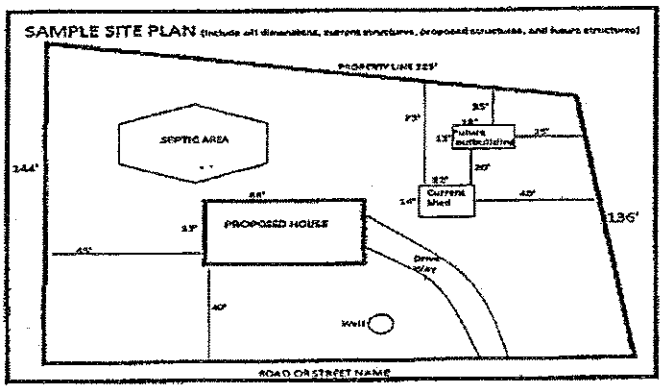
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

_____ 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

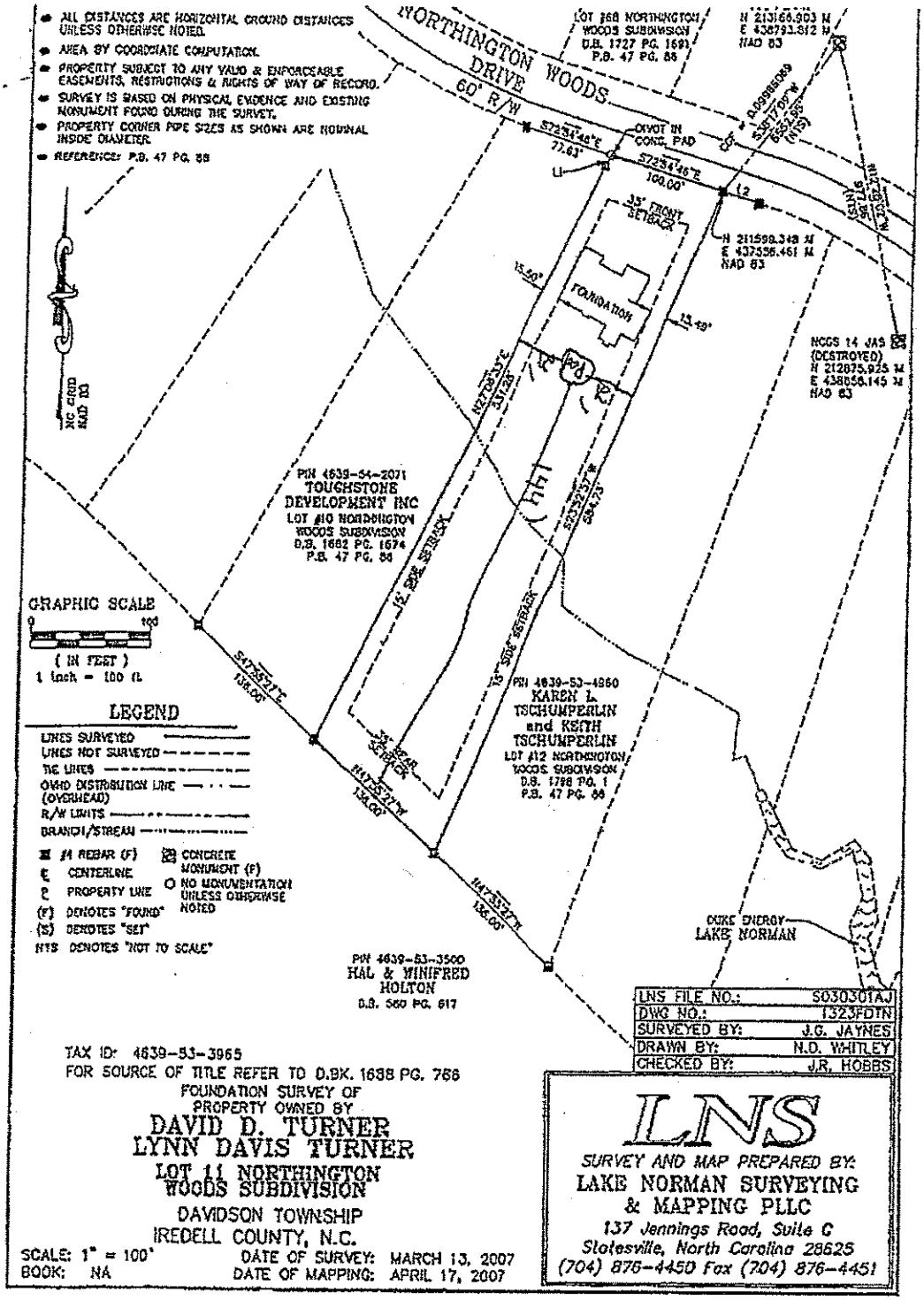
See attached

Signature: _____ _____

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

Julie Boeglin
812-631-2906

150 Northington Woods Dr.




| | |
|---|---|
| LNS FILE NO.: | S030301AJ |
| DWG NO.: | 1323FDTN |
| SURVEYED BY: | J.G. JAYNES |
| DRAWN BY: | N.D. WHITLEY |
| CHECKED BY: | J.R. HOBBS |

TAX ID: 4639-53-3965

FOR SOURCE OF TITLE REFER TO D.BK. 1638 PG. 766

FOUNDATION SURVEY OF
PROPERTY OWNED BY

# DAVID D. TURNER
# LYNN DAVIS TURNER

## LOT 11 NORTHINGTON WOODS SUBDIVISION

DAVIDSON TOWNSHIP
IREDELL COUNTY, N.C.

SCALE: 1" = 100'
BOOK: NA

DATE OF SURVEY: MARCH 13, 2007
DATE OF MAPPING: APRIL 17, 2007


LNS

SURVEY AND MAP PREPARED BY:
LAKE NORMAN SURVEYING & MAPPING PLLC
137 Jennings Road, Suite C
Statesville, North Carolina 28625
(704) 876-4450 Fax (704) 876-4451

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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132500 PIN# 4639640340.011 4639-53-3965 DATE 1/11/07

OWNER OR APPLICANT David Turner PHONE: Business _____ Home 704-437-1643

ADDRESS _____

LOCATION Perth Rd (N), Tc Fern Hill, Tc on Northington Woods Dr. on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 11 LOT AREA 1.468 Ac SITE CLASS PS DESIGN FLOW 600 gpd T.A.R. .30

Septic Tank: 1250+ Gallons; STB 528 Date 8-3-06
Pump Tank: 1250+ Gallons: PT 985 Date 10-4-06
Pump Make _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1500ft² Linear Feet 300
No Lines 5@100 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump to 25% Reduction
Repair System Description: LD Panel
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth NA ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

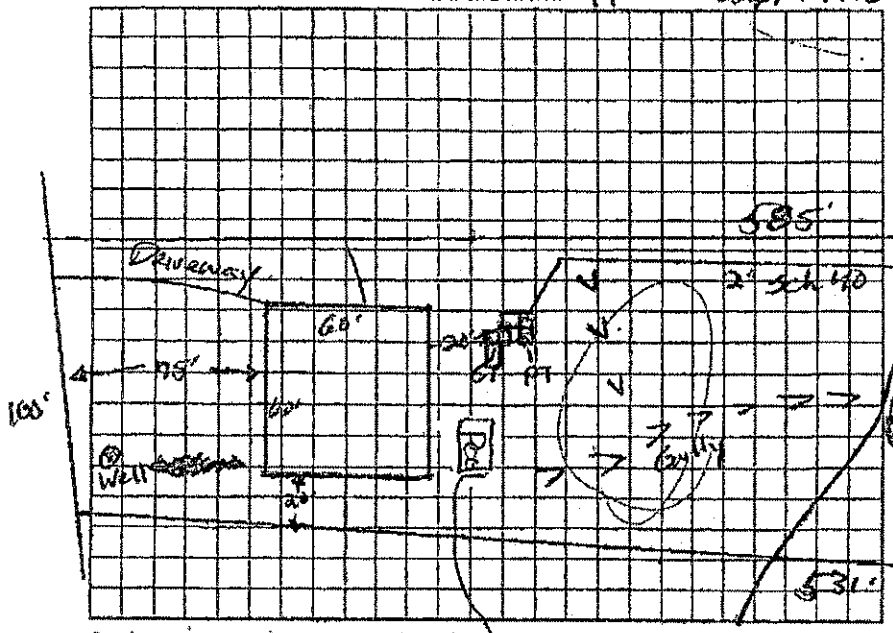
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 10 No. Employees ____

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:
-Keep Repair Area undisturbed
* If any part of supply line will be subject to any vehicular traffic - ductile iron or approved depth must be used *

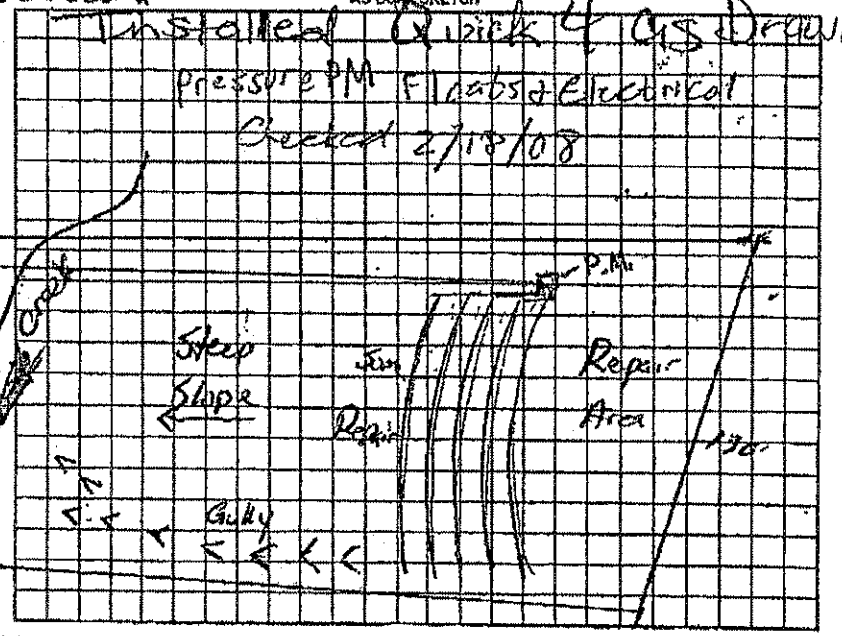
Comments/Conditions: 9/25/07 Check of tanks & lines

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed Quick 4 GIS Drawn
Pressure PM Floats & Electrical
Checked 2/18/08




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: David Turner date _____

Improvement Permit by: John E Auth date 1/11/07

Authorization to Construct by: John E Auth date 1/12/07

Installed by: GS Grading

Operation Permit by: Anthony Cotton date 2/18/08

Existing System Inspection by: _____ date _____

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