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

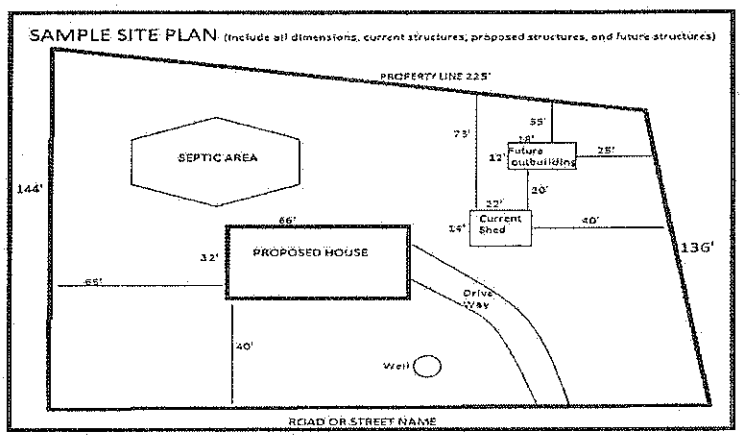
__X__ Front and side setbacks from property line... __X__ Preferred driveway location and configuration, preferred well location...

__X__ Area you prefer your septic system to be placed... __X__ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

__X__ Location of septic systems and wells within 100' of your property... N/A

__X__ Location of easements and rights of ways on your property... N/A __X__ Location of any designated wetlands on the property... N/A

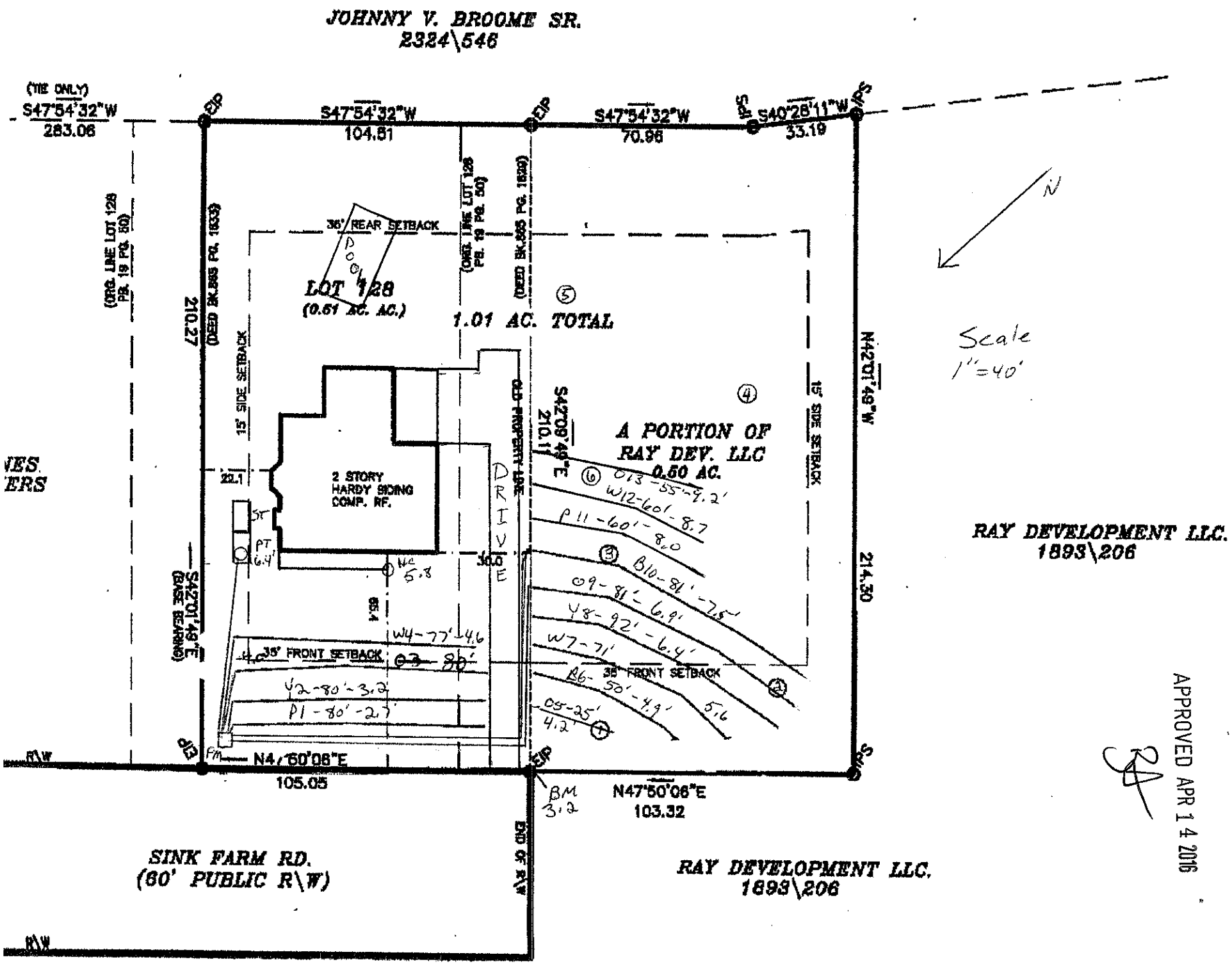


USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached from Michael Athanast Associates

Signature: _____ _____

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


JOHNNY V. BROOME SR.
2324\546
(TIE ONLY)
S47°54'32"W
283.06
EIP
S47°54'32"W
104.81
EIP
S47°54'32"W
70.98
SIP
S40°28'11"W
33.19
SIP
(ORIG. LINE LOT 128 PB. 19 PG. 50)
(DEED BK.885 PG. 1633)
36' REAR SETBACK
LOT 128
(0.51 AC. AC.)
(ORIG. LINE LOT 128 PB. 19 PG. 50)
(DEED BK.885 PG. 1633)
1.01 AC. TOTAL
N42°01'49"W
210.27
15' SIDE SETBACK
2 STORY
HARDY SIDING
COMP. RF.
22.1
PT
6.4'
HC
5.8
95.4
S42°01'49"E
(BASE BEARING)
S42°09'49"E
210.11
OLD PROPERTY LINE
DRIVE
36.6
A PORTION OF
RAY DEV. LLC
0.50 AC.
15' SIDE SETBACK
N42°01'49"W
214.30
Scale
1"=40'
RAY DEVELOPMENT LLC.
1893\206
APPROVED APR 14 2016
35' FRONT SETBACK
35' FRONT SETBACK
W4-77'-4.6
Y2-80'-3.2
P1-80'-2.7
B6-50'-4.9'
5.6
05-25'
4.2
EIP
FM
N47°50'06"E
105.05
BM
3.2
N47°50'06"E
103.32
SINK FARM RD.
(60' PUBLIC R\W)
END OF R\W
RAY DEVELOPMENT LLC.
1893\206
R\W
R\W

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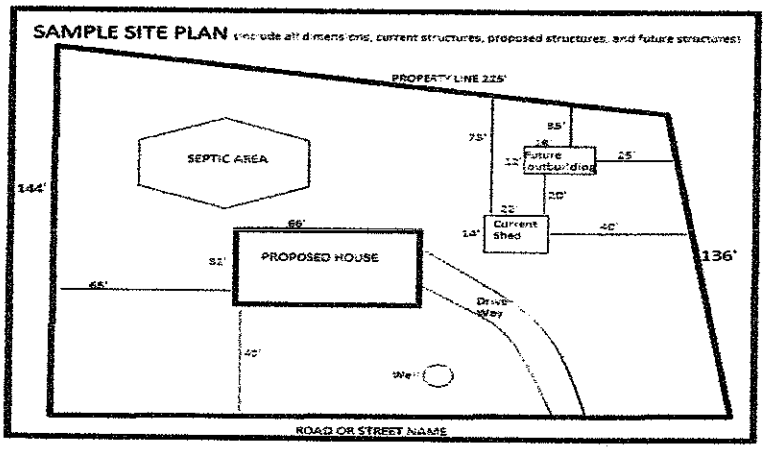
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USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan

Signature: _____

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

4/7/2016

DATE

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. Ruppein DATE 2/10/96 TAX MAP NO. 1C 7A 46 4654 86 2033 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Richey King PHONE: Business _____ Home 892-9862

ADDRESS 234 North Fork Rd. Mooresville, NC 28115

LOCATION Hwy 115 Junction Rd. TR Sub Farm TR to first house on (L)

SUBDIVISION Davidson Acres BLOCK / SECTION II LOT 128 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 . 3

Septic Tank: Equity Gallons; STB _____ Date _____

Pump Tank: Zoeller Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 155

Nitrification Field: No Fields 1 Square Feet 550 Linear Feet _____

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, (III), IV, V, VI

System Description: Pump to Convent rmvd

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Community ☐ Public

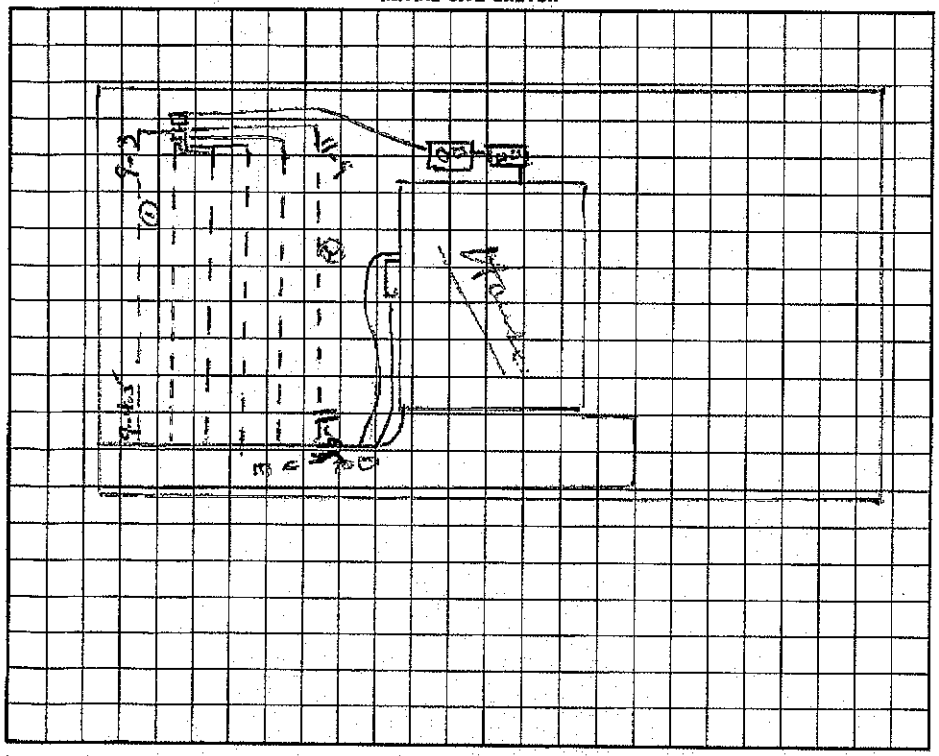
Comments: (1) + (2) new supply lines to be added

Comments: 495 X .6 = 297

297 X .66 = 196

9.8' drawdown = 1966/Dose

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed dosing

New 3 hole W/S used

to repair supply lines at

by phone company.

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.

Signed: _____

Improvement Permit by: Wesley Sparks RS date 2/10/96

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 4/4/96

Existing System Inspection by: Contract Wesley Sparks RS date 2/10/96

Installed by: FJ Ennis

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

15219

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ricky King DATE 1/25/93 PERMIT NO. IC-7-A-40

PHONE: Business 393-3904 Home

LOCATION Sink Farm Rd, 1155 TL on PRESBY. TR on SINK FARM PAST BUCKINGHAM bear (R) to lot on (L) past well lot S.R. No.

SUBDIVISION NAME DAVIDSON DOWNS LOT NO. 128 SECTION OR BLOCK NO. II

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,600 FT²

Soil Characteristics P - SBK C L / C

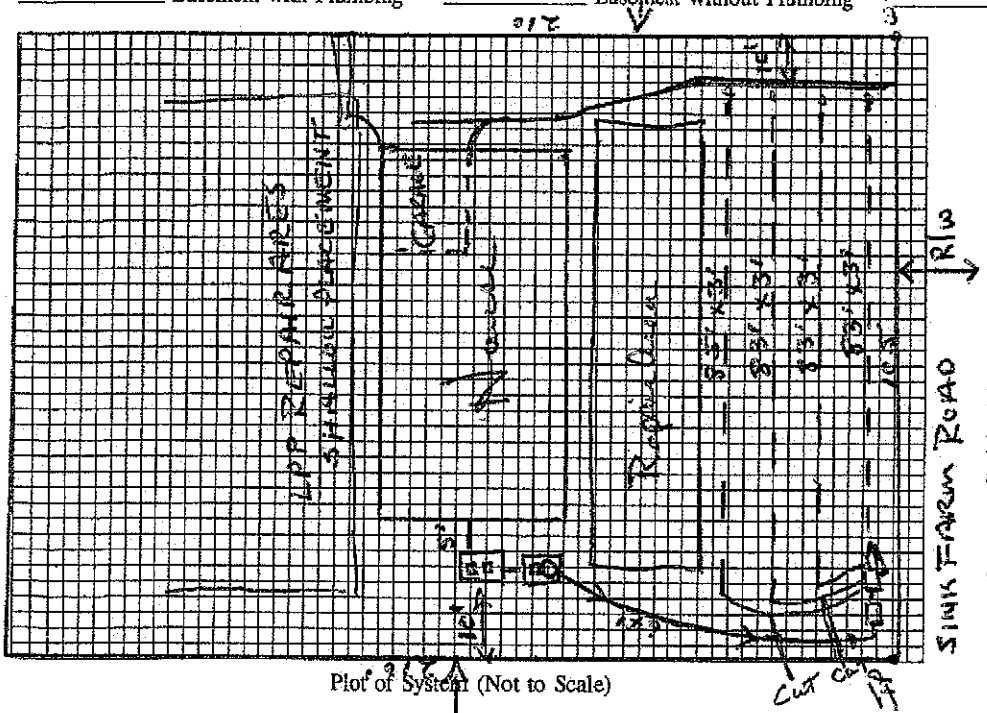
Application Rate P - .35 (S, SP, SBK)

Topography P - 2-3 %

Depth to Water Table S - 48"

Rock or other impervious formations S - NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 1 Crawl Space



Size of Tank 1000/1000 Gals.

Nitrification Field:

No. of Lines 4 @ 85' x 3'

Sq. Ft. 1020 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☐ COMM

Public ☑ SUPPLY

Installed by FJ ERVIN

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

*OPERATION PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/25/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is 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 any false information is supplied toward securing Improvement Permit.

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

IREDELL COUNTY HEALTH DEPARTMENT

15219

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ricky King DATE 9/23/92 PERMIT NO. IC-7-A-40

PHONE: Business 393-3904 Home

LOCATION Presbyterian Rd; 1155 TL on Presbyterian Rd. TR on Sink Farm Rd, to end on dirt on (R) beyond well location S.R. No.

SUBDIVISION NAME Davidson Farms LOT NO. 128 SECTION OR BLOCK NO. II

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P - SbK

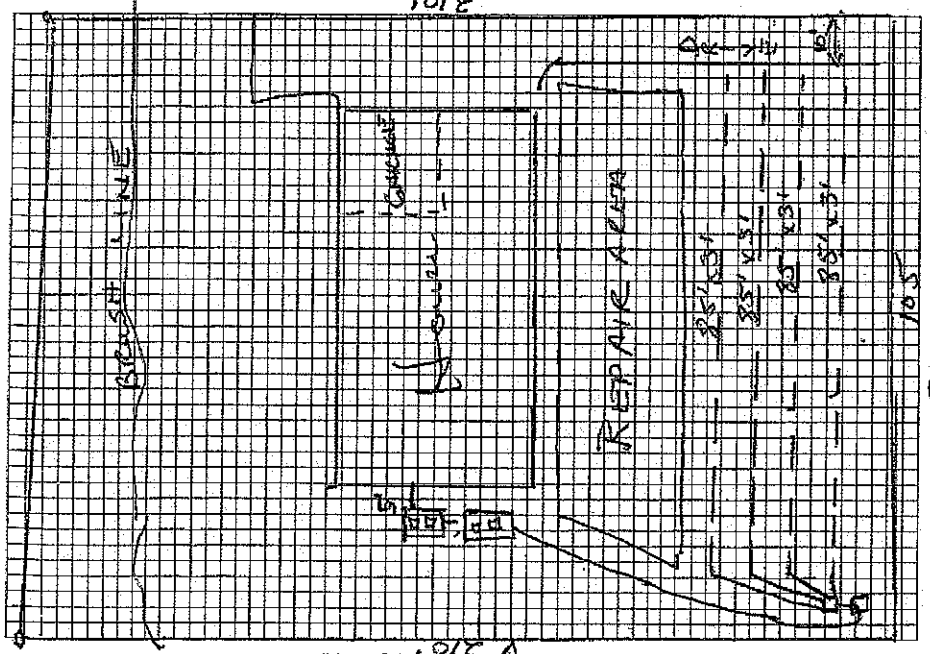
Application Rate P - .35 (SS-WkSbK)

Topography P - 3%

Depth to Water Table S - 48"

Rock or other impervious formations S - None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 85' x 3'

Sq. Ft. 1028 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ comm

Public ☑ System

Installed by

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Ricky King

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Note arrangement of 2 Dist. Boxes

Trenches no deeper than 36" to trench bottom. Lines on slope contour.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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