IREDELL COUNTY HEALTH DEPARTMENT

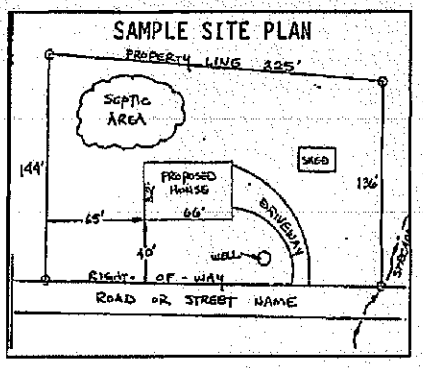
ENVIRONMENTAL HEALTH DIVISION

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

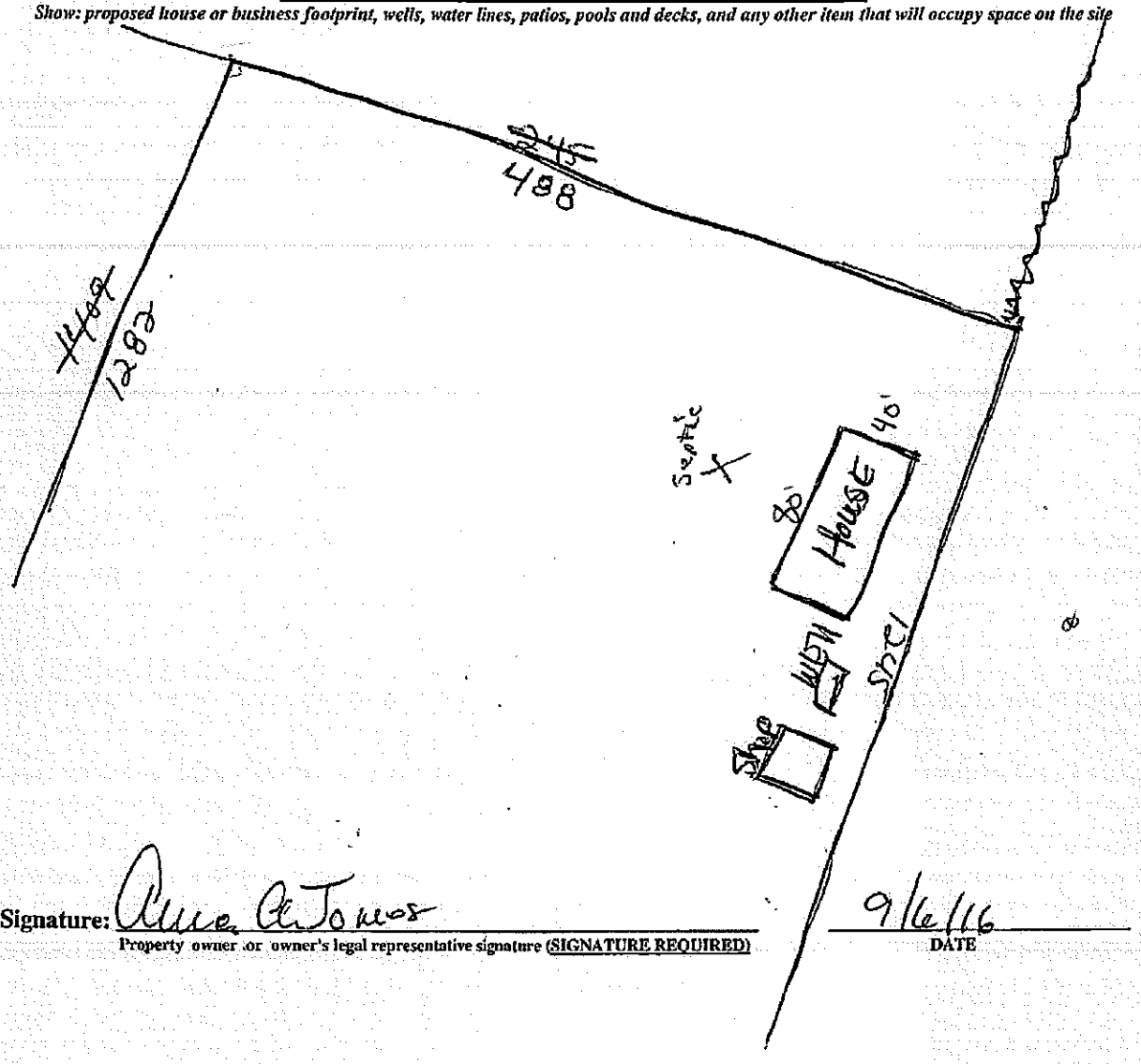


Circle N/A on the following if appropriate:

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

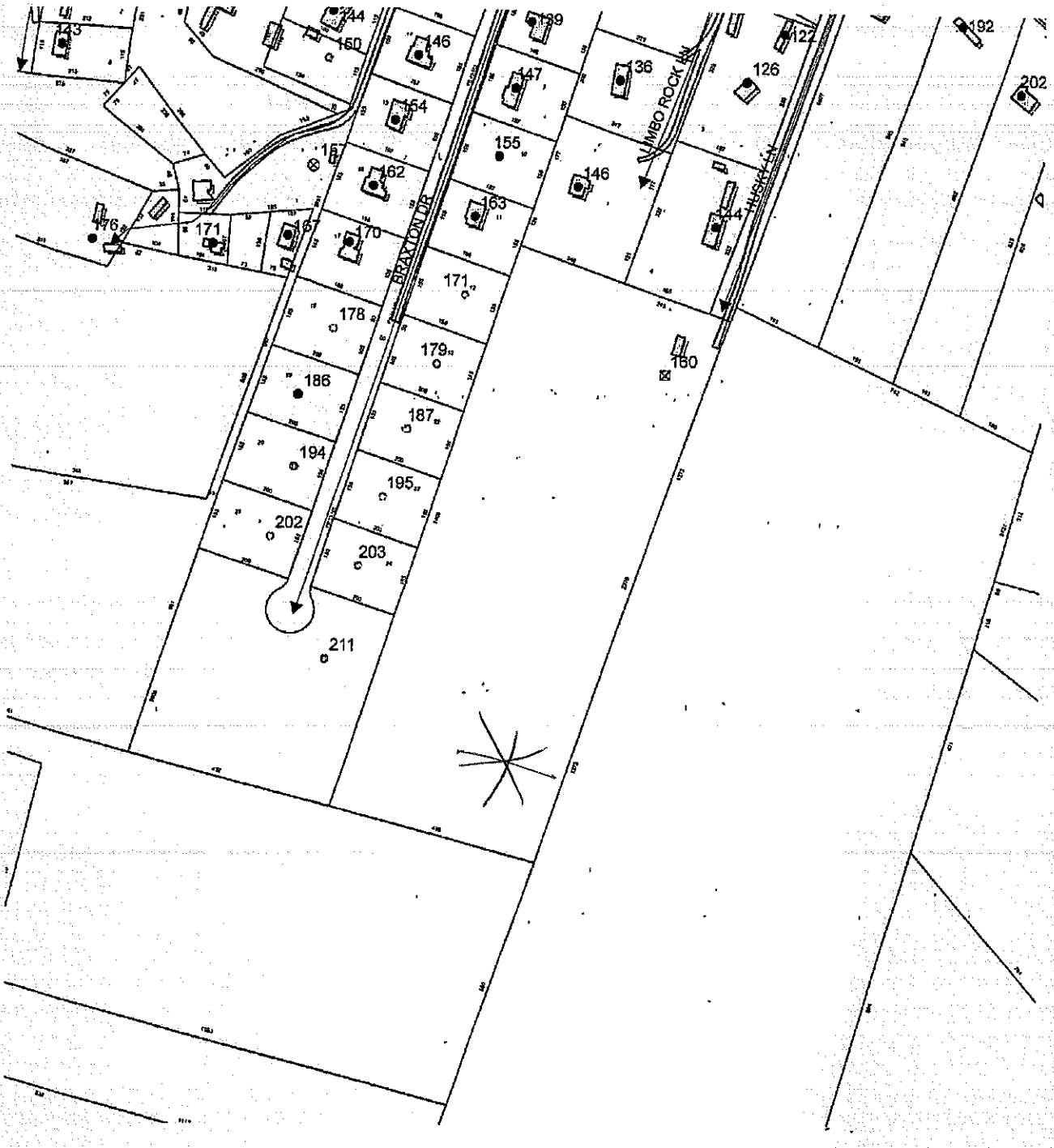


Signature: Anna A. Jones

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

9/6/16

DATE


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BRAXTON DR
JUMBO ROCK LN
N T PKWY

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. 68706 DATE 8-11-97 TAX MAP NO. 4711 65 7513 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Anthony Miller PHONE: Business _____ Home 704 871 2009

ADDRESS 291 Meadowbrook Rd Statesville

LOCATION Bethany Shoals Rd Turnersburg Iredell Rd Statesville Rt 1 Hwy 90 Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 16 LOT AREA 16.0 acres SITE CLASS. PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 8-7-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 4 Trench Width 3'-6" Max Trench Bottom Depth 3'-6" Gravel Depth 12"

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

System Description: Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

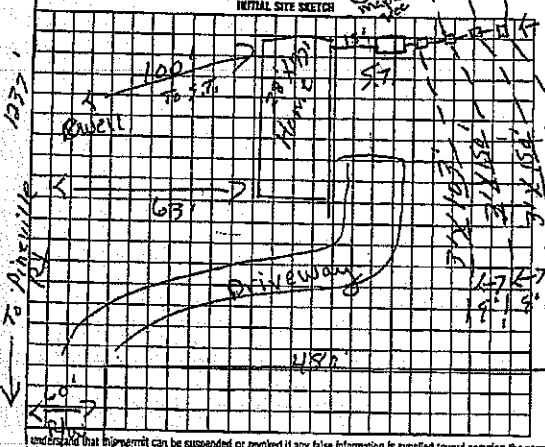
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

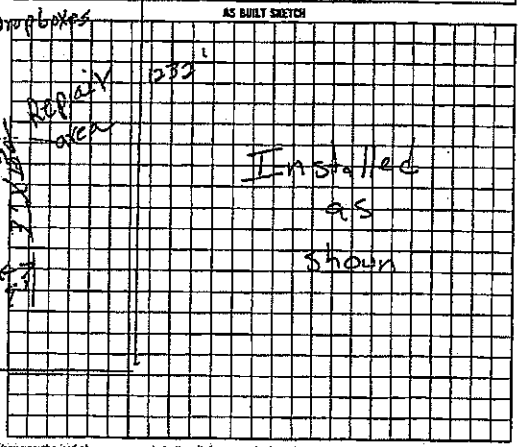
Comments: Replaces Permit Issued 8-11-97

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Anthony W Miller

Improvement Permit by: P.C. Moore date 8-11-97

Existing System Evaluated by: P.C. Moore date 8-11-97

Installed by: Leatherman Septic

Certificate of Completion by: _____ date _____

Operation Permit by: M.C. Ogers date 10-9-97

HEALTH DEPT. COPY WHITE

INSPECTION COPY (FINAL): GREEN

OWNER COPY (FINAL): YELLOW

INSPECTION COPY (INITIAL): PINK

OWNER COPY (INITIAL): GOLD

Authorization to Count

EXPIRES 60 mos from issue to count.

2,8100