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 lines measurements are clearly identified...

✓ All proposed structures are indicated....

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

✓ Front and side setbacks from property line....

✓ Area you prefer your septic system to be placed...

✓ Preferred driveway location and configuration, preferred well location...

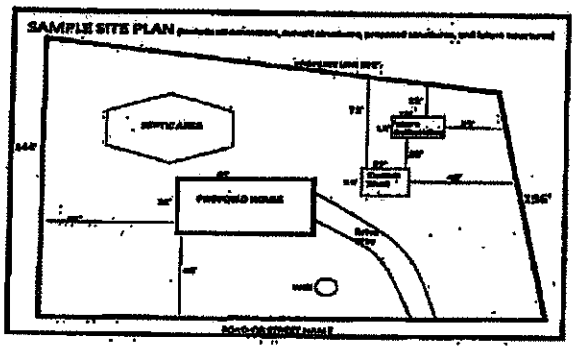
✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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

N/A location of easements and rights of ways on your property... N/A

N/A location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED EXISTING APPROVED PERMIT. CHANGED TO 64' HOME

Signature: _____

REQUIRED property owner or owner's legal representative signature.

5/1/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

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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*

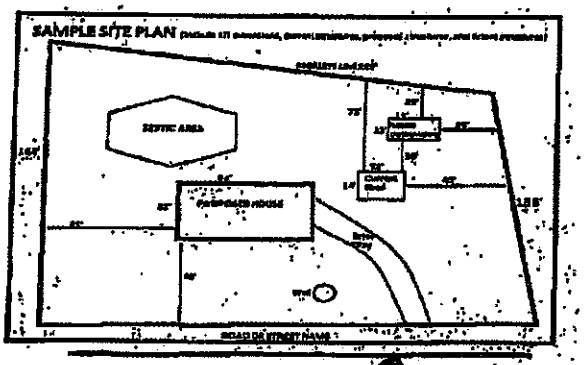
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

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

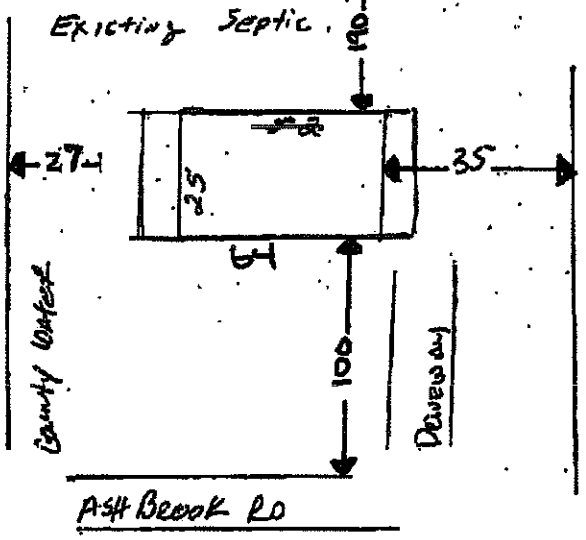
Circle N/A on the following if appropriate:

_____ 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



NOTE
Everything
IN BLUE
IS CURRENT
IN FILED
OUT ON
OLD FORM
WHEN HOME
WAS A
52' HOME

Signature: Ronnie J Sumner
REQUIRED property owner or owner's legal representative signature.

11/21/16
DATE

5/1/17

S:\Shared\EH_Admin\ISWS\Application Processing System

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # 223403

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

PIN # 4714629602

APPLICANT: C M H Homes · APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 302 Ashbrook Rd Statesville NC · PHONE: 704-873-2577 · ALT. PHONE: 703-314-5328

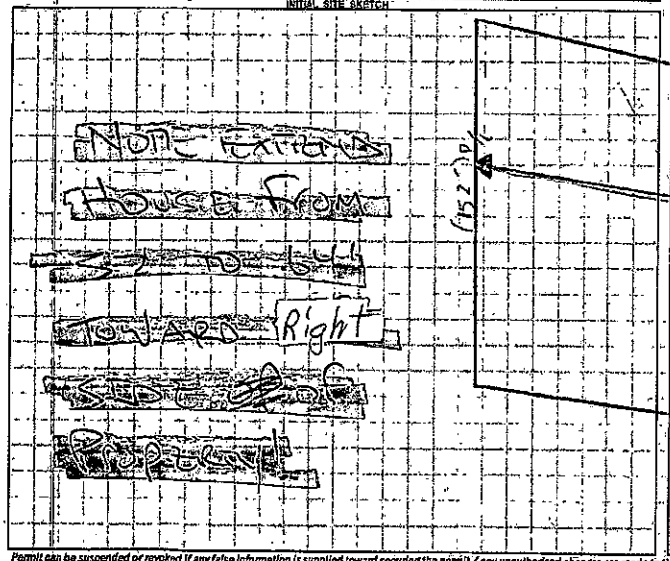
SITE DIRECTIONS: 40W T/L Stamey Farm Rd T/R Ashbrook Lot 13 on left

SUBDIVISION: N/A · SECTION: N/A · LOT # N/A · LOT AREA: 1 ac · DESIGN FLOW: 240 · L.T.A.R.: Ex

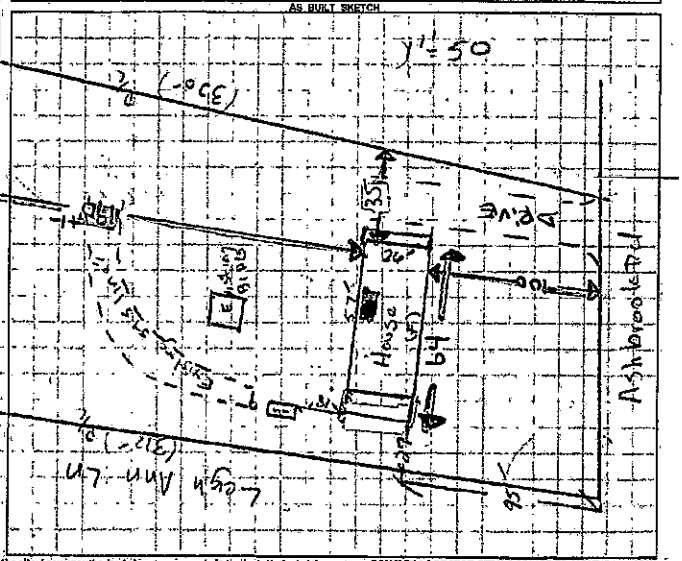
Septic Tank: Ex (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 2	Water Supply: ☐ Private
Pump Tank (gal)	PT	Date	System Description: Existing	☐ Business	No. Persons: 4	☒ Public
Pump Make	Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Community
# Nitrification Fields: Ex	# Lines	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width: Ex	Max. Trench Bottom Depth: Ex	Gravel Depth: Ex	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be 35' from any part of SYS.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: _____ Date: 12-30-16 · Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ · OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ · Existing System Inspected by: _____ Date: 12/16/16