There accessory building on parcel that he will not be adding on to 213495

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Maple Creek S/D Lot 21
4757 48 1492
0.156 acres

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

BRIAN M TUTHILL	156 FOUR WINDS DR STATESVILLE NC 28625	704-682-4013	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BRIAN M. TUTHILL	156 FOUR WINDS DR STATESVILLE, NC 28625	704-682-4013	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

156 FOUR WINDS DR STATESVILE NC 28625	MAPLE CREEK	LOT 21
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77N to EXIT 54 - (R) ON HWY 21 - 1.5 MILES THEN (L) ON MAPLE CREEK DR. GO TO STOP SIGN & TURN (L) ON FOUR WINDS DR CAST HOUSE ON RIGHT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ~~adding bedroom~~
(X) Other being adding bedroom. office

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2000 *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Brian M. Tuthill
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/9/2015
DATE

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

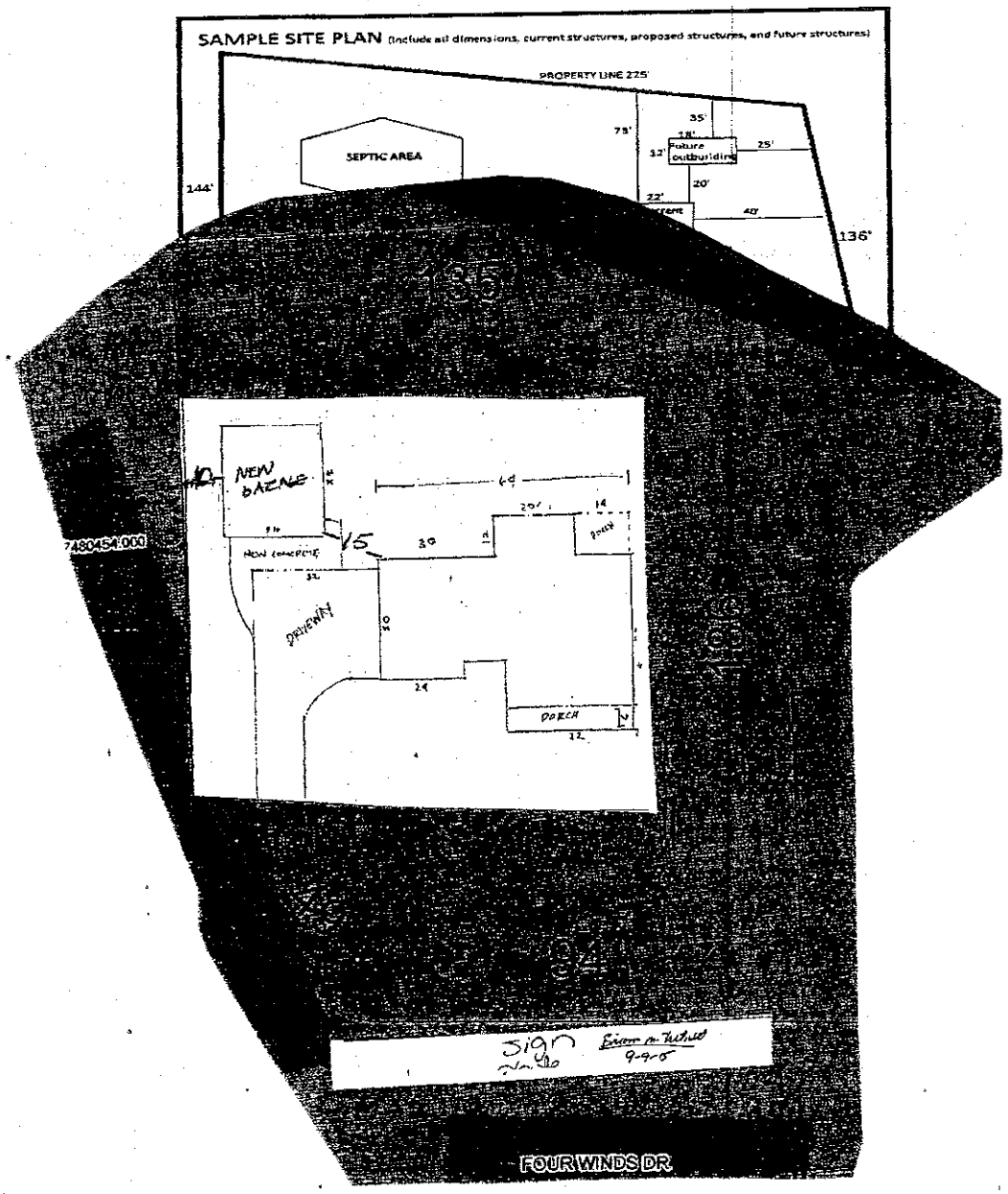
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **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**



Signature: Brian M. Tilson

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

9-9-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137155 PIN# 4757481492 DATE 8-10-06

OWNER OR APPLICANT Brian M. Tuthill PHONE: Business Home 704 682 4013

ADDRESS 495 Riverhill Rd

LOCATION 21 N 1 mi. past auto auction (L) Maple Creek (L) Four Winds, Prop on (R)

SUBDIVISION Maple Creek BLOCK / SECTION E LOT 21 LOT AREA .56 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-14-06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 300

No. Lines 24 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 50% LP Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Persons No. Employees

Water Supply: [X] Individual [ ] Public [ ] Community

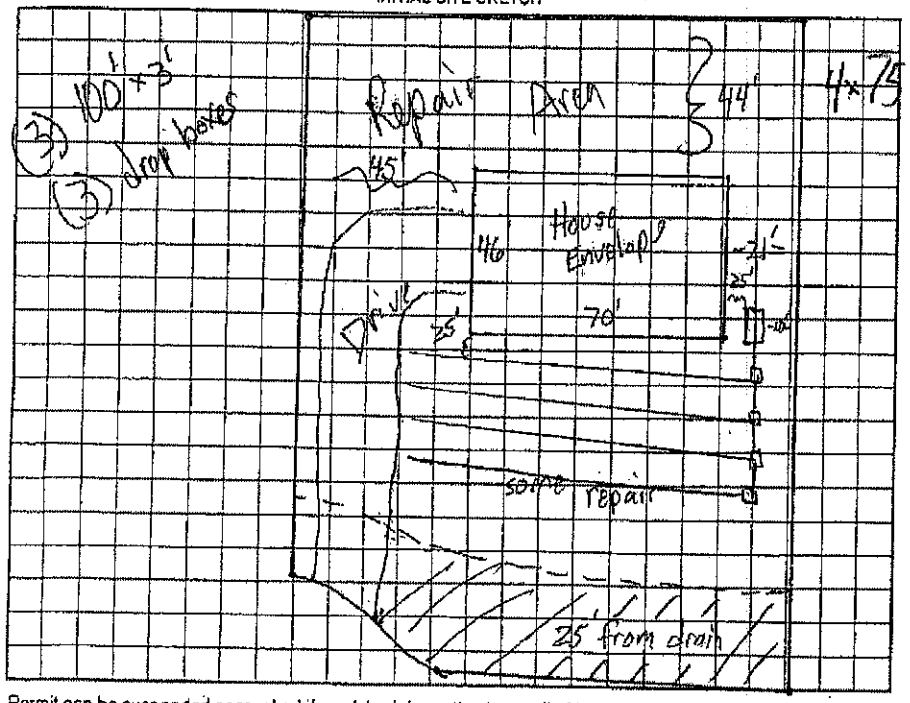
[ ] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions:

Comments/Conditions:

Yellow Filter
ST marker

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 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: Matt Mazurkiewicz date 8-17-06 Installed by: Steve Jordan

Improvement Permit by: James Stewart date 8-10-06 Operation Permit by: James Allen date 11/28/06

Authorization to Construct by: James Allen date 8-17-06 Existing System Inspection by: date

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