IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224174

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

PIN # 4761-02-2024

APPLICANT: STEPHEN GONZALEZ APPLICANT ADDRESS: 119 TREETOP LN. TROUTMAN NC, 28166

SITE ADDRESS: 119 TREETOP LN. - Troutman PHONE: ALT. PHONE:

SITE DIRECTIONS: 115 N, TR OSTWALT AMITY, TR WEATHERS CREEK, TR TREETOP, ON L

SUBDIVISION: OAK RIDGE SECTION: -2- LOT # 25 LOT AREA: .861 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	Ex. 1000 (gal)	STB	Date	☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:		25% REDUCTION		☐ Business	No. Persons	8	☑ Private Ex.
Pump Make	Model		Serial #	Repair System Description:		PANEL BLOCK		☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 2		Linear Ft: 130'	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width 36"	(Max) Trench Bottom Depth 36"		Gravel Depth			☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

KW

10-12-17: Drain lines checked. Observed questionable soil during inspection.

10-16-17: Contacted installer to remove 7" of fill on last line installed. Must go out to site to verify once complete, OP can be signed off on once removal of fill is verified.

11-1-17: System checked. 7" of fill was removed. KW

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: Amanda Gonzalez Date: 2-6-17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: BAEddy Date: 2-3-17 OPERATION PERMIT by: Kayla Watson Date: 11-1-17

AUTHORIZATION TO CONSTRUCT by: BAEddy Date: 2-3-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

PHYSICAL SURVEY

T 25, OAKRIDGE, PHASE TWO

LAT BOOK 50 PAGES 28-31

119 TREETOP LANE

k CHAMBERSBURG TOWNSHIPS, IREDELL COUNTY, NC

/Buyer:

STEPHEN & AMANDA GONZALEZ
119 TREETOP LANE
TROUTMAN, NC 28166

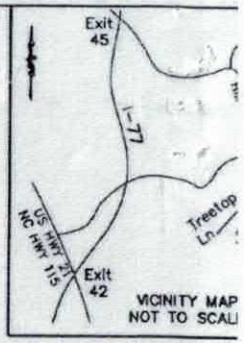
ERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
-663-0110 EMAIL: pattersonlandsurveying@gmail.com

	Checked By: JHP	Scale	Project Number
	-02-2024	1" = 30'	16138
ER 13, 2016			Sheet Number
hysical.dwg			1 of 1

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 3 DAY OF DECEMBER, 2016.

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

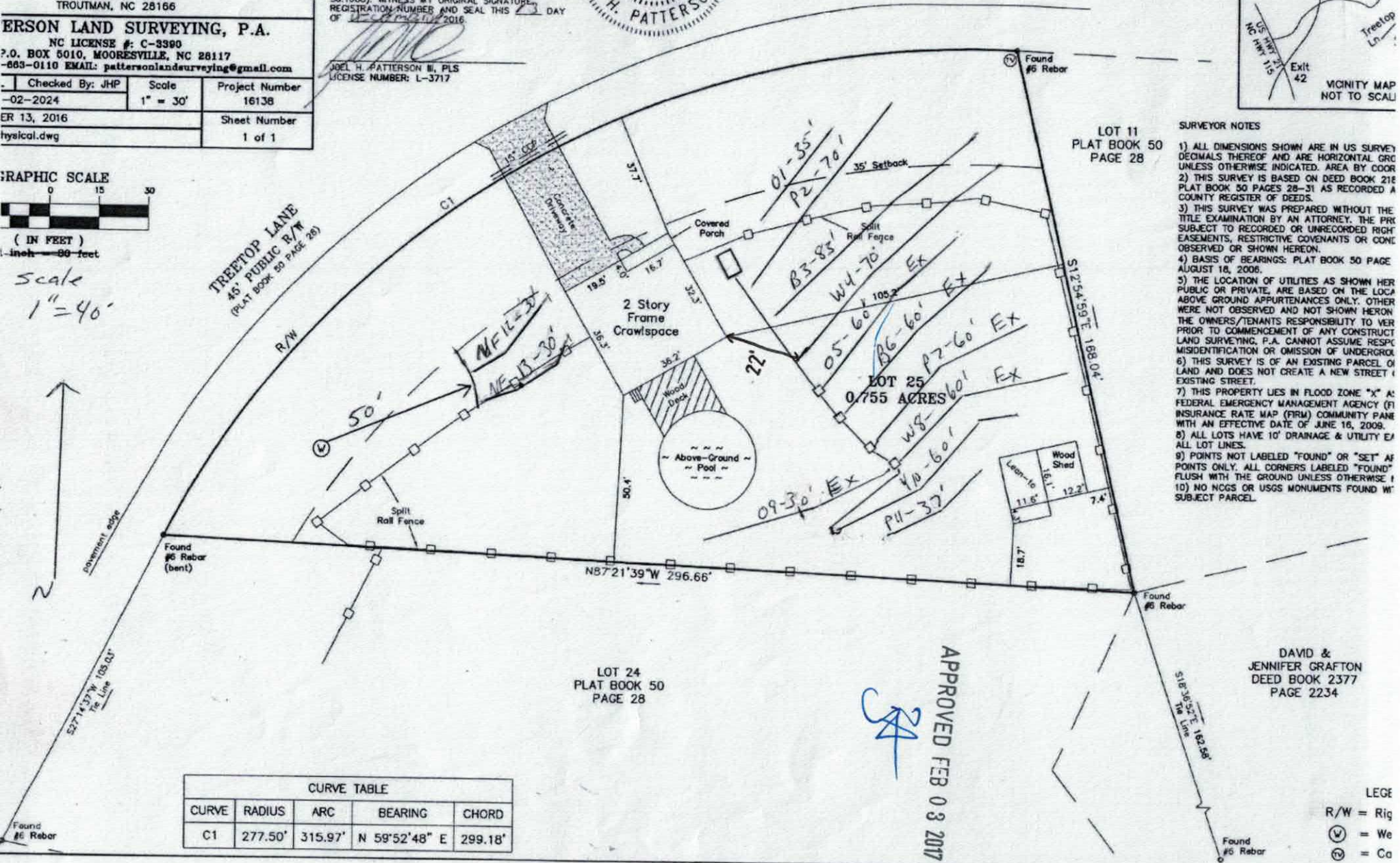
JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717



VICINITY MAP
NOT TO SCALE

GRAPHIC SCALE
0 15 30
(IN FEET)
1 inch = 30 feet

Scale 1"=40'



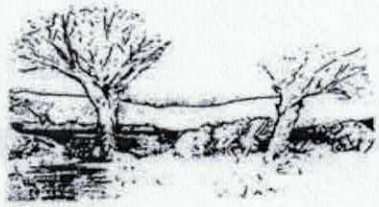
CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	277.50'	315.97'	N 59°52'48" E	299.18'

APPROVED FEB 03 2017

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY DECIMALS THEREOF AND ARE HORIZONTAL GRO UNLESS OTHERWISE INDICATED. AREA BY COOR
2) THIS SURVEY IS BASED ON DEED BOOK 218 PLAT BOOK 50 PAGES 28-31 AS RECORDED A COUNTY REGISTER OF DEEDS.
3) THIS SURVEY WAS PREPARED WITHOUT THE TITLE EXAMINATION BY AN ATTORNEY. THE PRO SUBJECT TO RECORDED OR UNRECORDED RIGHT EASEMENTS, RESTRICTIVE COVENANTS OR COND OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: PLAT BOOK 50 PAGE AUGUST 18, 2006.
5) THE LOCATION OF UTILITIES AS SHOWN HER PUBLIC OR PRIVATE, ARE BASED ON THE LOCA ABOVE GROUND APPURTENANCES ONLY. OTHER WERE NOT OBSERVED AND NOT SHOWN HERON THE OWNERS/TENANTS RESPONSIBILITY TO VER PRIOR TO COMMENCEMENT OF ANY CONSTRUCT LAND SURVEYING, P.A. CANNOT ASSUME RESPO MISIDENTIFICATION OR OMISSION OF UNDERGRO
6) THIS SURVEY IS OF AN EXISTING PARCEL O LAND AND DOES NOT CREATE A NEW STREET EXISTING STREET.
7) THIS PROPERTY LIES IN FLOOD ZONE "X" A FEDERAL EMERGENCY MANAGEMENT AGENCY (FI INSURANCE RATE MAP (FIRM) COMMUNITY PANE WITH AN EFFECTIVE DATE OF JUNE 16, 2009.
8) ALL LOTS HAVE 10' DRAINAGE & UTILITY EA ALL LOT LINES.
9) POINTS NOT LABELED "FOUND" OR "SET" AR POINTS ONLY. ALL CORNERS LABELED "FOUND" FLUSH WITH THE GROUND UNLESS OTHERWISE
10) NO NCGS OR USGS MONUMENTS FOUND WI SUBJECT PARCEL.

LEGE
R/W = Rig
= We
= Co



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

APPROVED FEB 0 3 2017

Reference: Data Sheet for 119 Treetop Ln., Oak Ridge SD Lot 25
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (initial)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-Drop boxes/end cap
Septic Tank Size: 1000 gallons (existing)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Orange 1		35'
Pink 2		70'
Blue 3		83'
White 4	**70'**	**83'**
Orange 5 (existing)	**60'**	**60'**
Blue 6 (existing)	**60'**	**60'**
Pink 7 (existing)	**60'**	**60'**
White 8 (existing)	**60'**	**60'**
Orange 9 (existing)	**30'**	**60'**
Yellow 10 (new)	**60'**	**75'**
Pink 11 (new)		37'
Not Flagged		30'
Not Flagged		30'

Initial System: 400' **Repair System:** 285'

Comments:
This property has an existing three bedroom system (see attached). Y10 must be shortened to 30' to achieve a 15' setback from the pool. MA&A are proposing to add 130' of 25% reduction system to increase the system to four bedrooms. No additional soil observations were performed. The septic areas were previously approved.

Gravity 25% Reduction
FOR WASTEWATER TREATMENT

Owner: CORINTHIAN BUILDERS

Address: PO BOX 990
DENVER, NC 28037
Phone: 704-400-1258
County: Iredell
Location: OAK RIDGE LOT 25

Source of Wastewater Flow: 3 Bedroom Single Family Residence
Estimated Daily Wastewater Production: 360 gpd
System Flow: NA

Design Specifications

Drainfield Size: 360
Loading Rate: 0.3
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Trench Depth: 36 in.
Trench Width: 36 in.
Septic Tank Size: 1000
Pump Tank Size: NA

Estimated Supply Line Length: 20
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 3.48
Dosing Volume: NA
Supply Manifold: Drop Boxes
Supply Manifold Length: NA
Supply Manifold Volume: N/A

Recommended Float Controls: NA

Recommended Control Panel: NA

Pressure Head: NA
Friction Head: NA
Elevation Head: NA
Total Dynamic Head: NA

Threaded Union: NA
Gate Valves: NA
NA
Check Valves: NA
Anti-Siphon Hole: NA
Additional Comments: Soil suitability was performed by Rollans Soil & Environmental Services.

OAK RIDGE LOT 25

DESIGN FLOW:	360
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	1080
TOTAL LATERAL LENGTH:	360
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	20
TOTAL DYNAMIC HEAD:	NA
MANIFOLD SIZE:	NA
DOSING VOLUME:	NA
PUMP TANK DRAW DOWN*:	NA
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	NA

OAK RIDGE LOT 25

LAYOUT FOR 3 BEDROOM HOME

9/20/2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		N/A			100.00		
TANK		N/A	N/A				
HOUSE		N/A	N/A				
INSTR. 1			N/A				
1	ORANGE			N/A	N/A	50	50
2	PINK			N/A	N/A	57	57
3	***RED***			*N/A*	*N/A*	***60***	***60***
4	***BLUE***			*N/A*	*N/A*	***60***	***60***
5	***ORANGE***			*N/A*	*N/A*	***54***	***50***
6	***PINK***			*N/A*	*N/A*	***119***	***115***
7	***RED***			*N/A*	*N/A*	***79***	***75***
8	BLUE			N/A	N/A	50	50
9	ORANGE			N/A	N/A	56	56
10	RED			N/A	N/A	55	55
					Total	**640**	**628**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
** System*	*360*	*0.30*	*ACCEPT.*	*0.30*	*25% RED.*	GRAVITY
Repair	268	0.30	*MOD.*	0.30	PPBPS	DISTRIBUTION
						GRAVITY
						DISTRIBUTION

Notes:

** TBM NOT REQUIRED
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CORINTHIAN BUILDERS
ADDRESS: PO BOX 990 DENVER NC 28037
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: LOT 25 OAK RIDGE
APPLICATION DATE 9/06
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B1	SS 0-5%	0-18	RC MFSBK	FRI SSSP SEXP	N/A	48"	N/A	N/A	PS .3
		18-48	RCL WFSBK	FRI SSSP SEXP					
B2	SS 5-8%	0-12	BSCL WSBK	FRI SSSP SEXP	N/A	48"	N/A	N/A	PS .3
		12-28	RC MFSBK	FRI SSSP SEXP					
		28-48	RCL WFSBK	FRI SSSP SEXP					
B 3	SS 5-8%	0-4	BSCL WSBK	FRI SSSP SEXP	N/A	48"	N/A	N/A	PS .3
		4-18	RC MFSBK	FRI SSSP SEXP					
		18-48	RCL WFSBK	FRI SSSP SEXP					
B 4	SS 5-8%	0-3	BSCL WSBK	FRI SSSP SEXP	N/A	48"	N/A	N/A	PS .3
		3-24	RC MFSBK	FRI SSSP SEXP					
		24-48	RCL WFSBK	FRI SSSP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900	400
System Type(s)	25% RED	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ROLLANS SOIL & ENVIRONMENTAL
OTHER(S) PRESENT: _____

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13812 PIN# 4761 02 2024 DATE 9/22/06

OWNER OR APPLICANT Corinthian Bldrs. PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC 28037

LOCATION 115N TR Shinnville, TL Weathers Crk, TL Treetop, on Lt

SUBDIVISION Oak Ridge BLOCK / SECTION _____ LOT 25 LOT AREA 0.861 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 786 Date 6/19/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: Final Block
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Comments/Conditions: I-R-4N - INSTALLED AS SHOWN ON ROLLINS SITE PLAN

INITIAL SITE SKETCH

SEE PLAN BY ROLLINS ENVIRONMENTAL

AS BUILT SKETCH

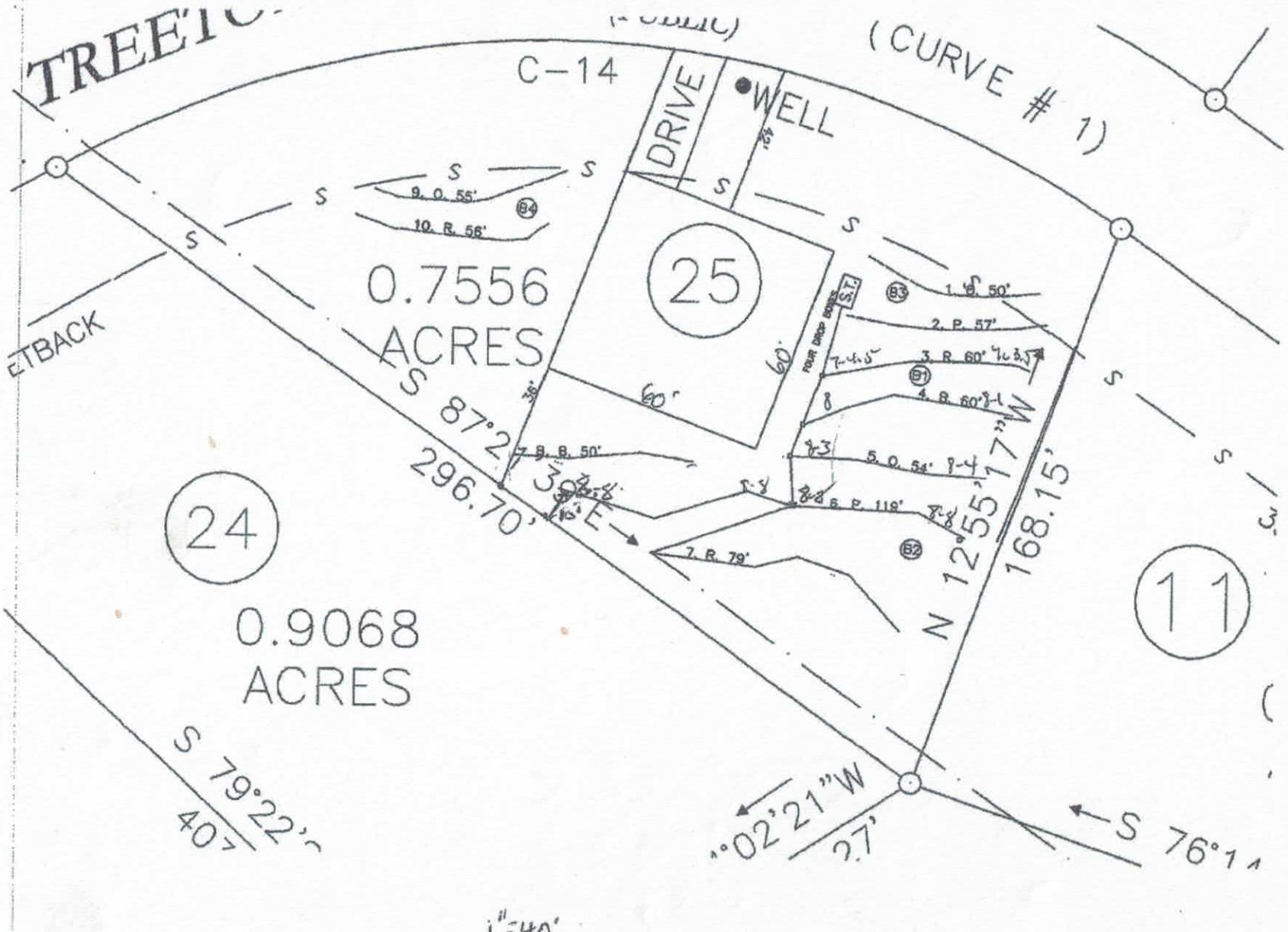
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Melissa Neal date 9-22-06 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 9/22/06 Operation Permit by: Wesley Sparks RS date 10/25/06

Authorization to Construct by: _____ RS date 9/22/06 Existing System Inspection by: _____ date _____

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


TREET
(PUBLIC)
C-14
(CURVE # 1)
DRIVE
WELL
S
S
S
S
S
S
9. O. 55'
10. R. 56'
B4
0.7556
ACRES
25
60'
60'
36'
S.T.
FOUR DROP BOXES
B3
1. R. 50'
2. P. 57'
3. R. 60'
B1
4. R. 60'
5. O. 54'
6. P. 119'
B2
7. R. 79'
8. R. 50'
S 87°2
296.70'
N 12°55'17"W
168.15'
ETBACK
24
0.9068
ACRES
11
S 79°22'
40'
°02'21"W
27'
S 76°1
1"=40'

RECEIVED JAN 6 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Expansion Paid $ 350.00 #224174

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Stephen Gonzalez **Address:** 119 Treetop Ln Troutman NC 28166 **Phone:** _____

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 119 Treetop Ln

Subdivision Name: Oak Ridge **Section/Phase:** _____ **Lot Number:** 25

Driving Directions: 115 N, TR OS Celt Amity, TR Weathers Creek, TR Tree Top, on Lt

Site Development Information: *(check or complete ALL that apply)*

Making the system match bedrooms in house

( ) New Single Family Residence — **Maximum Number of Bedrooms:** 4 — (X) Crawl Space Foundation

( ) New Multi-Family Residence — **Maximum Number of Occupants:** _____ — ( ) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____

Square Footage of Building: _____

Maximum Number of Employee: _____

Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**

( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 1/6/2016

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Stephen C. Gonzalez, am the legal owner(s) of the property located at 119 Treetop Lane Troutman NC 28166, identified as PIN (Parcel Identification Number) 4961-02-2024, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LouAnn Santerre w/ Carolinas Preferred Properties, Inc to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	1/4/17	Amanda Gonzalez	1/4/17
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

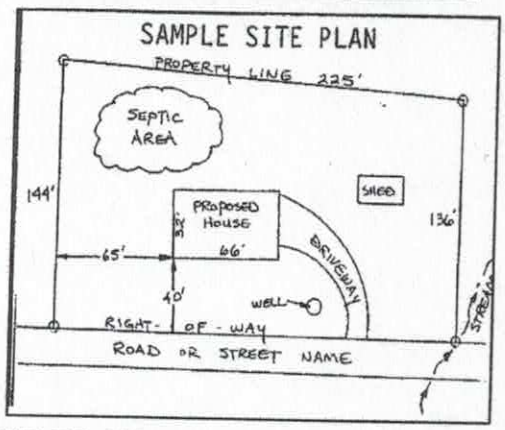
ENVIRONMENTAL HEALTH DIVISION

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

See Attached Plan

Signature: _____

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

1/6/2017

DATE

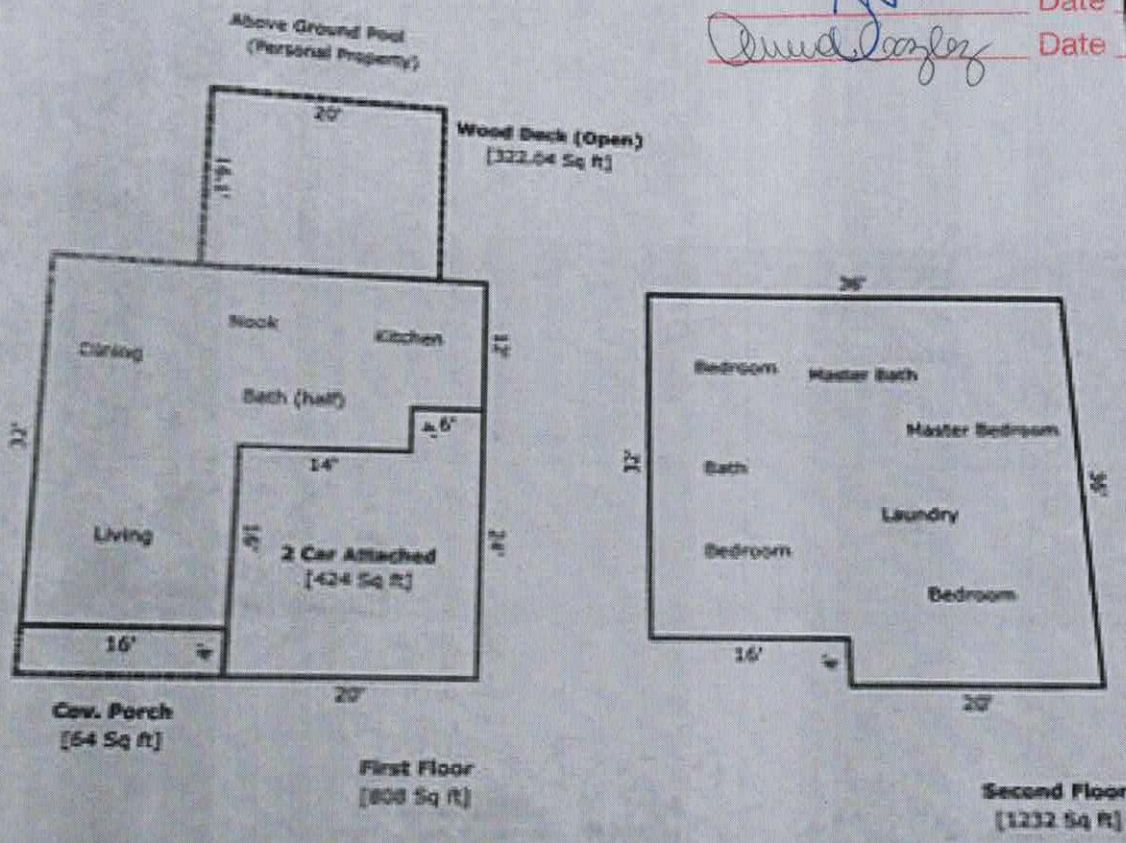
Building Sketch

Acknowledgement of Plans Submittal ONLY!

APPROVED FEB 03 2017

Date

Date 2.6.17



119 Treetop

Area Calculations Summary

Living Area		Calculation Details
First Floor	808 Sq ft	16 x 16 = 256 16 x 30 = 480 12 x 6 = 72
Second Floor	1232 Sq ft	36 x 32 = 1152 4 x 20 = 80
Total Living Area (Rounded):	**2040 Sq ft**	
Non-Living Area		
Cov. Porch	64 Sq ft	16 x 4 = 64
Wood Deck (Open)	322.04 Sq ft	20 x 16.1 = 322.04
2 Car Attached	424 Sq ft	20 x 20 = 400 4 x 6 = 24