IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217356

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

PIN # 4761399715

APPLICANT: Michael Ryan Homes Inc APPLICANT ADDRESS: P.O. Box 620013 Charlotte NC 28262

SITE ADDRESS: 143 Mountain Island Dr Statesville NC PHONE: 704-504-9000 ALT. PHONE: N/A

SITE DIRECTIONS: 70 E T/R Bethesda Rd T/L Northlake Dr T/L Mountain Island Lot on Left

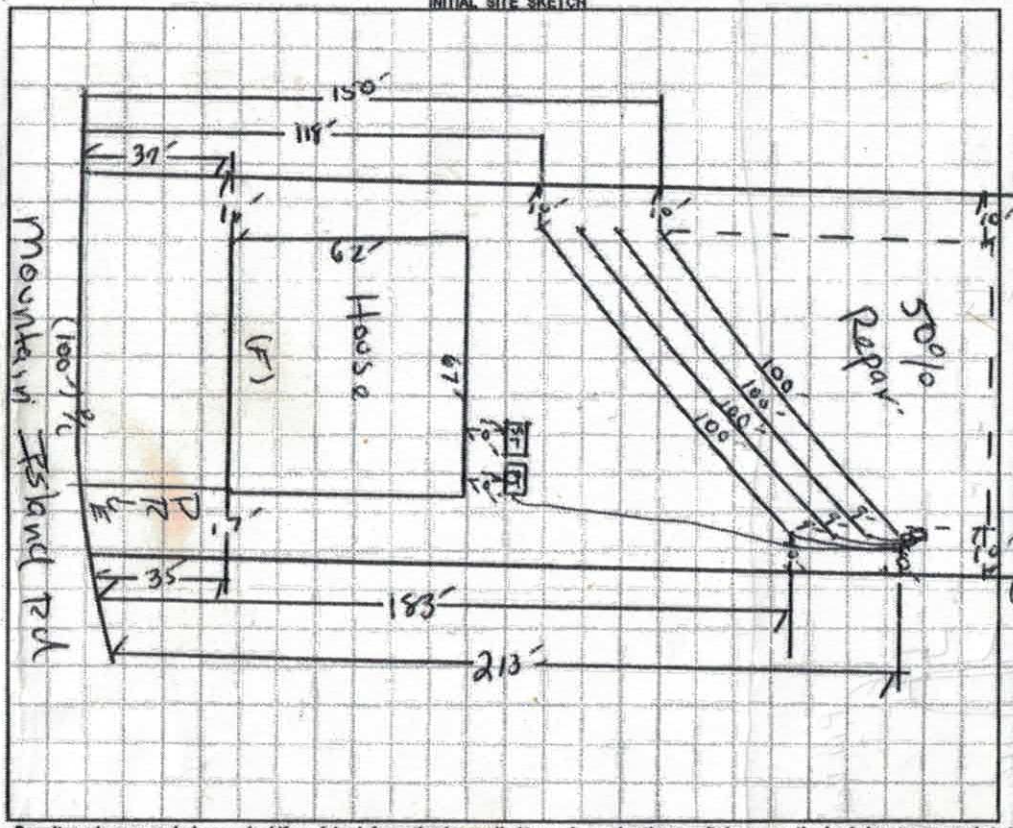
SUBDIVISION: Northlake SECTION: P2 LOT # 4 LOT AREA: 0.68ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	3-26-17	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	3-26-17	System Description:	25% Reduction - Pump			[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	50% Reduction - pump			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[ ] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Install 25% Reduction on contour with Pressure distribution. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50

704-902-0630

	Date	Initials
Drain Lines Checked	7/11/17	
Tanks Checked	7/11/17	
Pressure Manifold or Valve Box Checked	8/30	BB
Pressure Head Set	8/30	BB
Electrical Checked	8/30	BB
Floats Set	8/30	BB
Alarm Checked	8/30	BB
Maintenance Contract Y / (N)	—	—

*-As-built on rear of this page.

7/11/17

Dellinger Mid Seam 1000-gal conc tank

Top seam Pump Tank

L1	98	Elev OK	L3	98	4' 8 3/8"	45 16
L2	98	Elev OK	L4	23 chambers + EC	4' 11 3/8"	

36" Infiltrator IQ 45 installed w/ 34" TB.

Client gets pink copy

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 4/28/16

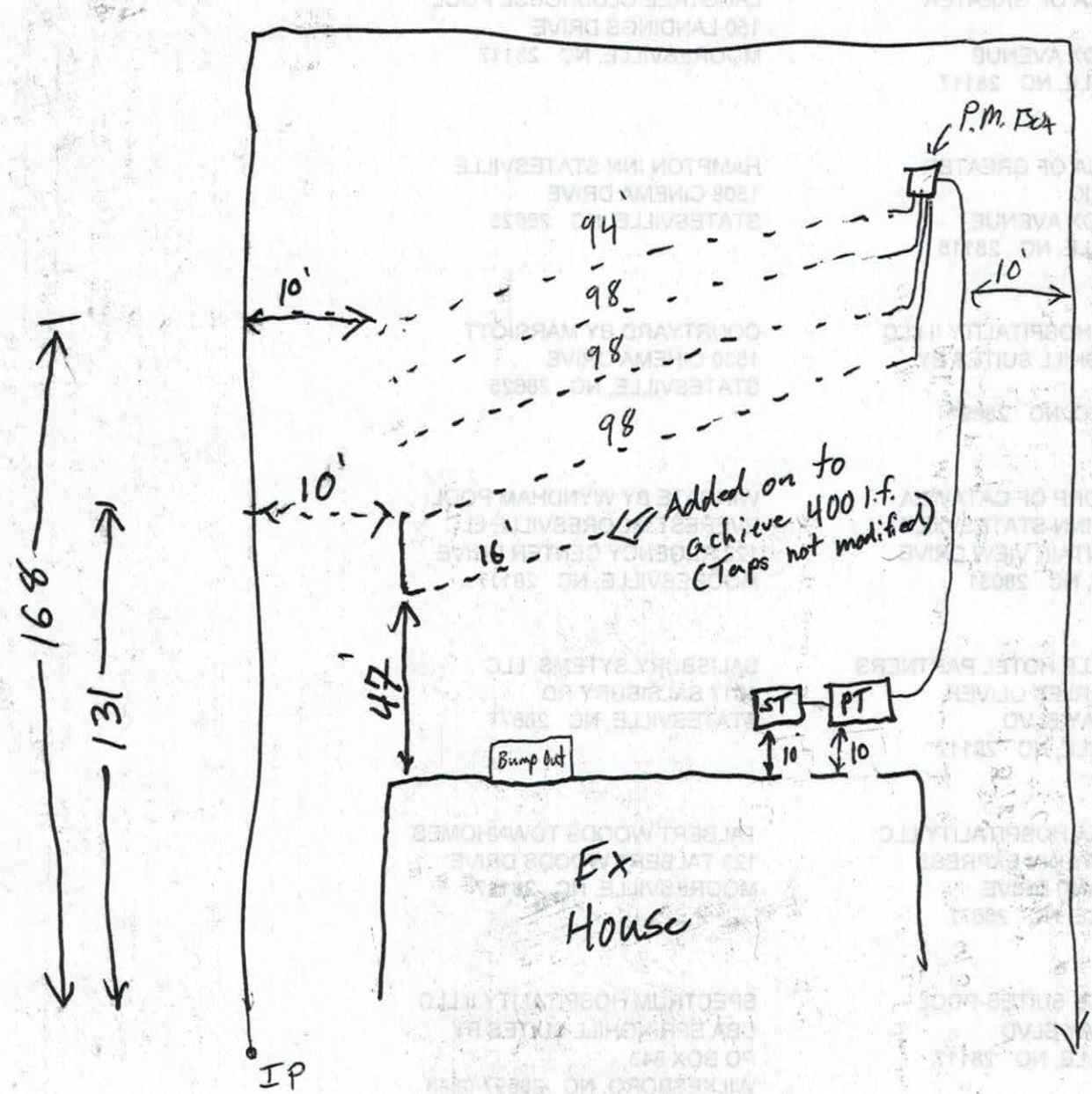
IMPROVEMENT PERMIT by: _____ Date: 04/18/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 1/25/17

Installed by: Marty Tucker

OPERATION PERMIT by: _____ Date: 8/30/2017

Existing System Inspected by: _____ Date: _____


P.M. Ext
94'
98'
98'
98'
10'
10'
10'
16'
Added on to achieve 400 l.f. (Taps not modified)
47'
169'
131'
ST
PT
10'
10'
Bump Out
Ex House
IP

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 476139
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Michael Ryan Homes
ADDRESS: 143 Mountain Island Dr
APPLICATION DATE 2-25-16
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 04/14/16
LOCATION OF SITE: 77 to Bethpage to Northlake to Mt Island Dr
PROPERTY SIZE: .68ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	0-30	SBKC	fi SE	PS	PS+	N/A	N/A	PS .3
		30-48	WSBKC BC	fi/fr SE					
2	L 4%	0-28	SBKC	fi SE	PS	PS+	N/A	N/A	PS .3
		28-48	WSBKC BC	fi/fr SE					
3	L 7%	0-32	ABKC	fi SE	PS	PS	N/A	N/A	PS .275
		32-48	WSBKC BC	fi/fr SE					
4	L 5%	0-30	ABKC	fi SE	PS	PS	N/A	N/A	PS .275
		30-48	WSBKC BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

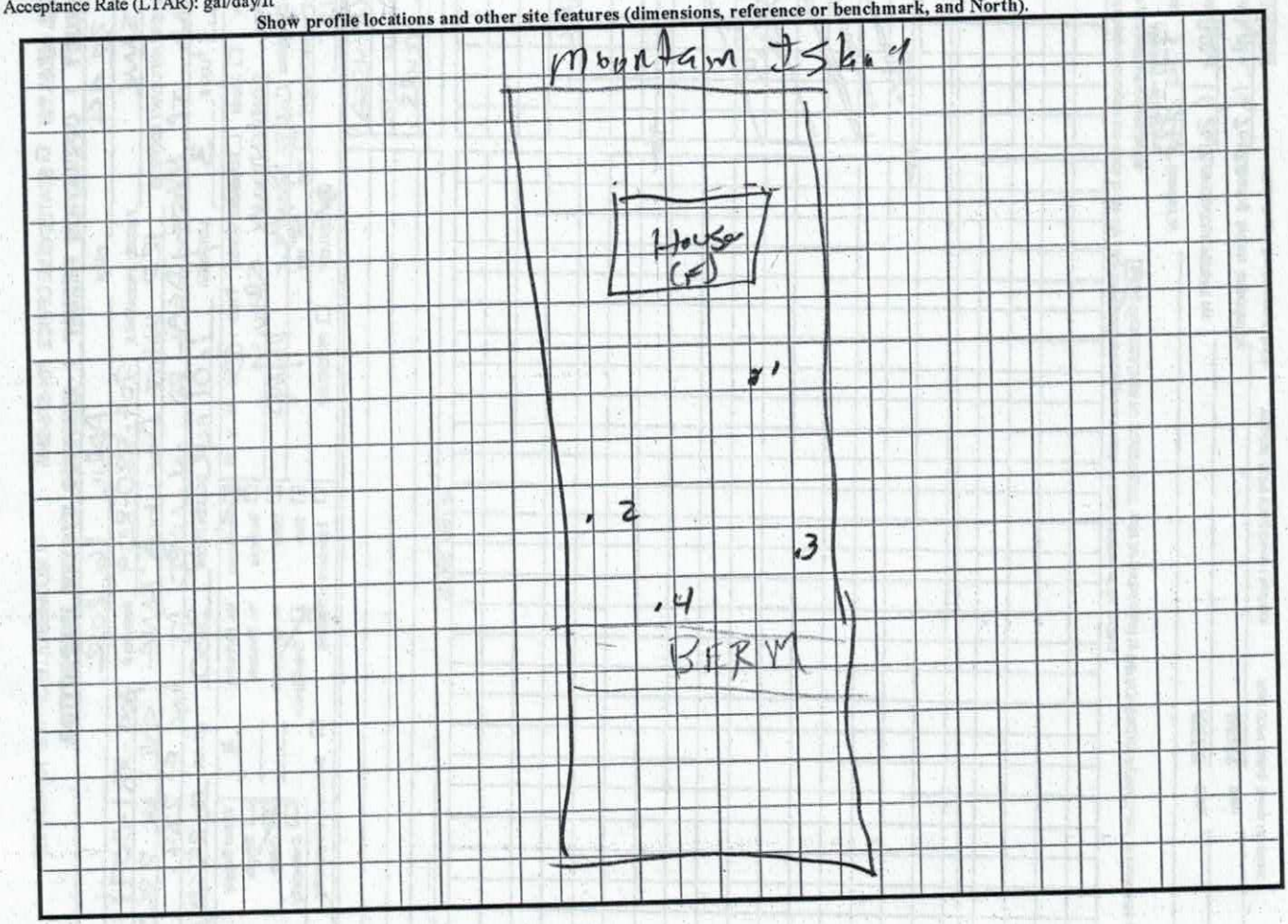
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

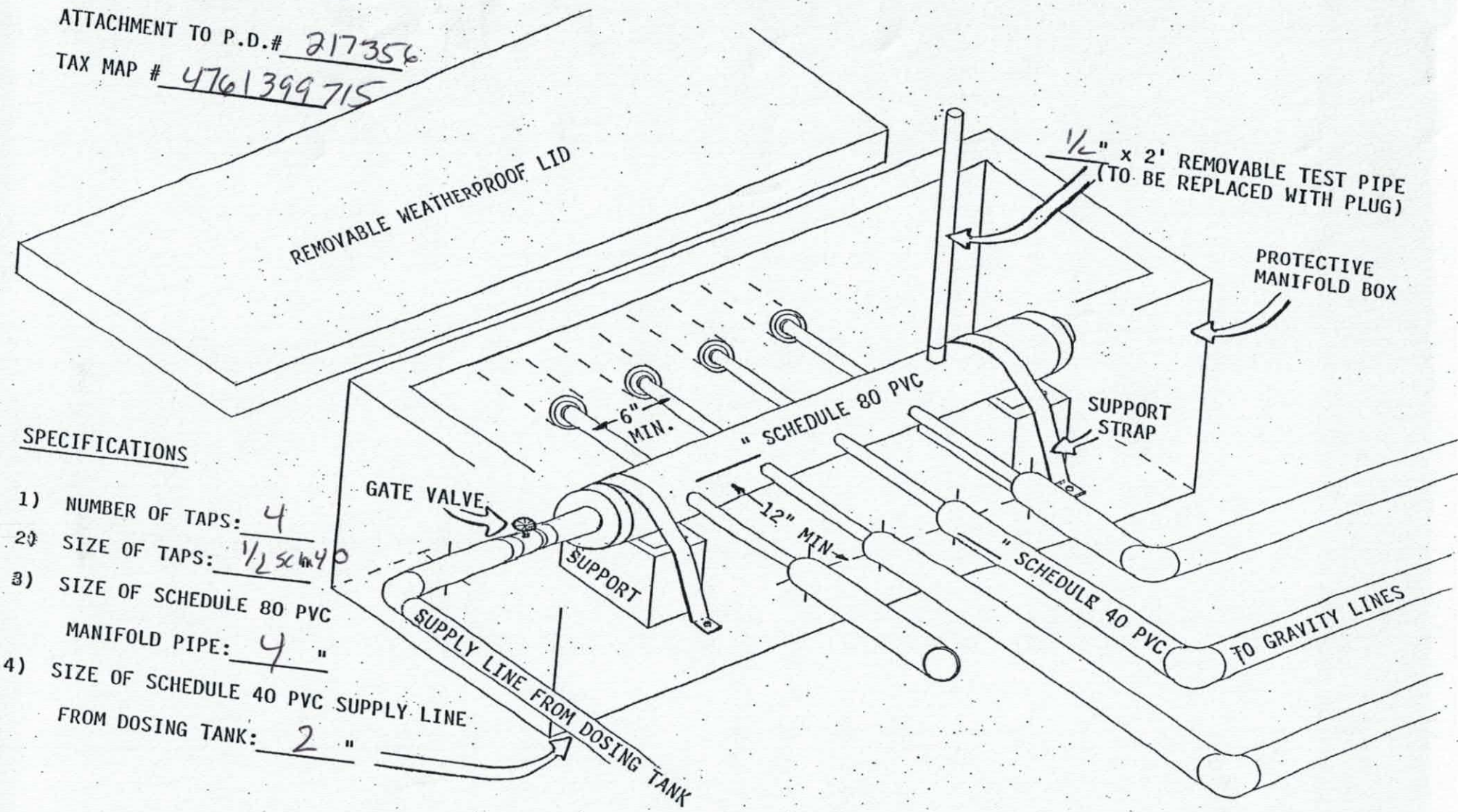
Show profile locations and other site features (dimensions, reference or benchmark, and North).



PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.# 217356

TAX MAP # 4761399715



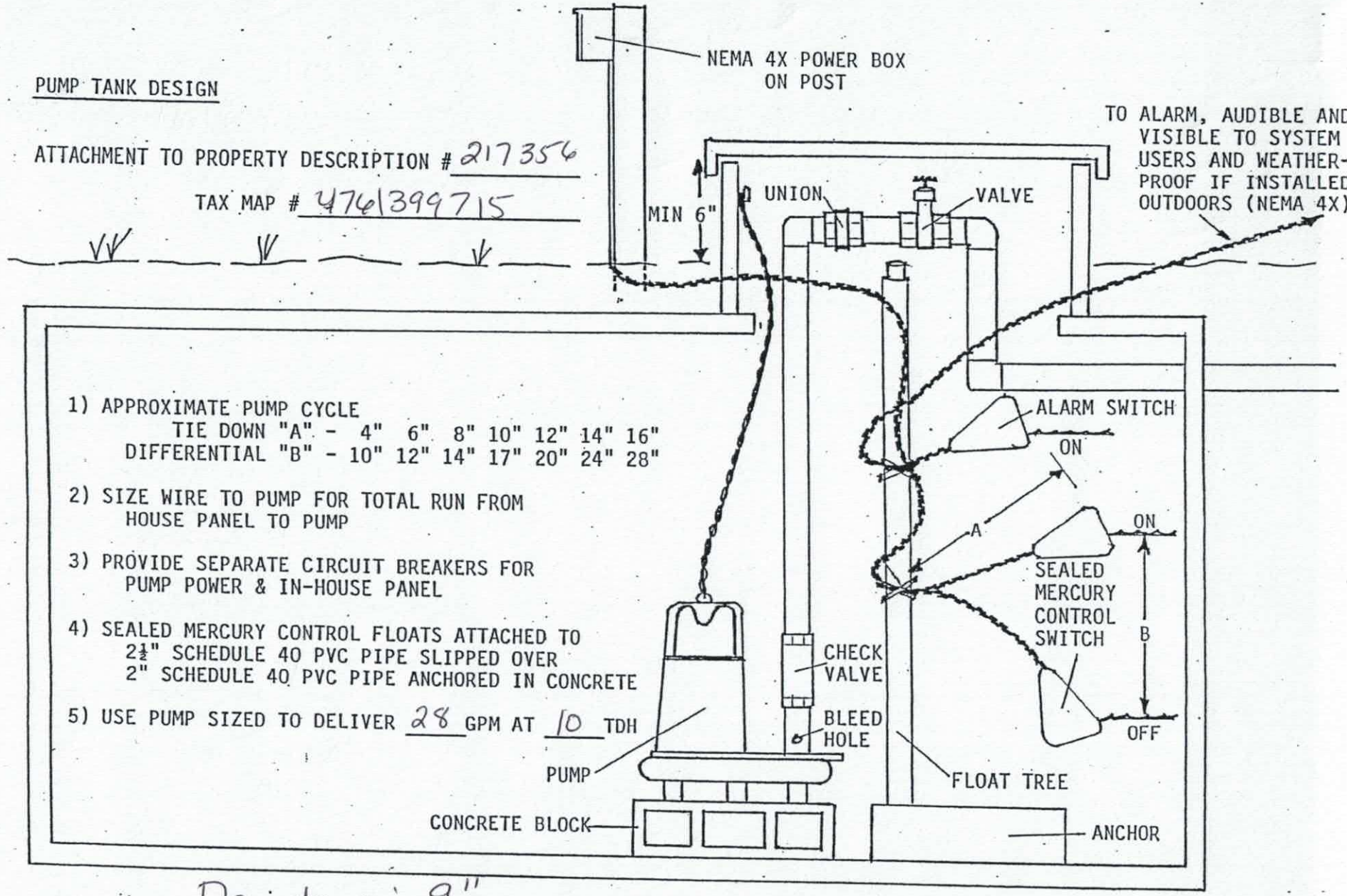
SPECIFICATIONS

1) NUMBER OF TAPS: 4
2) SIZE OF TAPS: 1/2 sch 40
3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 4 "
4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 217356

TAX MAP # 476|39715



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 28 GPM AT 10 TDH

Drawdown: 9"

RECEIVED JAN 17 2016

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)

1. APPLICATION FOR: ___ Improvement Permit X 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: X 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael Ryan Homes	PO Box 481452, Charlotte, NC 28269	(843) 574-8900	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
143 Mountain Island Drive	Northlake Club	Lot 4

Driving Directions: _____

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

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

( ) Other _____

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 (X) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *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: _____ January 12, 2017

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

This office closes for lunch 1:00 – 2:00 daily.

This office closes for lunch 12-1:00 daily.

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, _____**Michael Ryan Homes**_____, am the legal owner(s) of the property located at__**143 Mountain Island Drive** _____, identified as
PIN (Parcel Identification Number) ___**Lot 4**_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Chandler Smith/Michael Ryan Homes**, 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.

	1-12-17		1/12/17
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

(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)

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Ryan Homes, Inc	PO Box 620013 Charlotte, NC 28262	7045049000	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
143 Mountain Island Dr	Norman Lake	4

Driving Directions: _____

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) 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 ____ (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:** Shannon Snarden
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/25/2016
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, Shanice Alexander, am the legal owner(s) of the property located at 143 Mountain Island Dr Statesville NC 28677, identified as PIN (Parcel Identification Number) 4746139971 5, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Shanice Alexander, Michael Ryan Homes 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.

Shanice Alexander 2/25/2016
Signature of Owner(s) Date

Signature of Witness 2/25/16
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*:

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

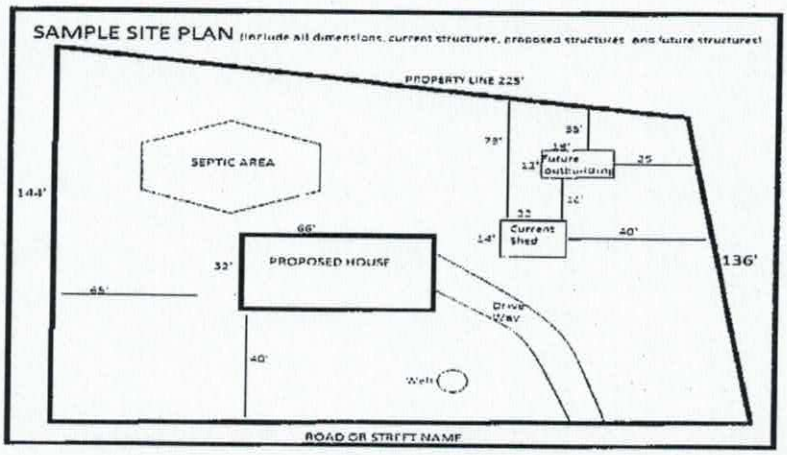
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: _____ **January 12, 2017**

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217356

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

PIN # 4761399715

APPLICANT: Michael Ryan Homes Inc APPLICANT ADDRESS: P.O. Box 620013 Charlotte NC 28262

SITE ADDRESS: 143 Mountain Island Dr Statesville NC PHONE: 704-504-9000 ALT. PHONE: N/A

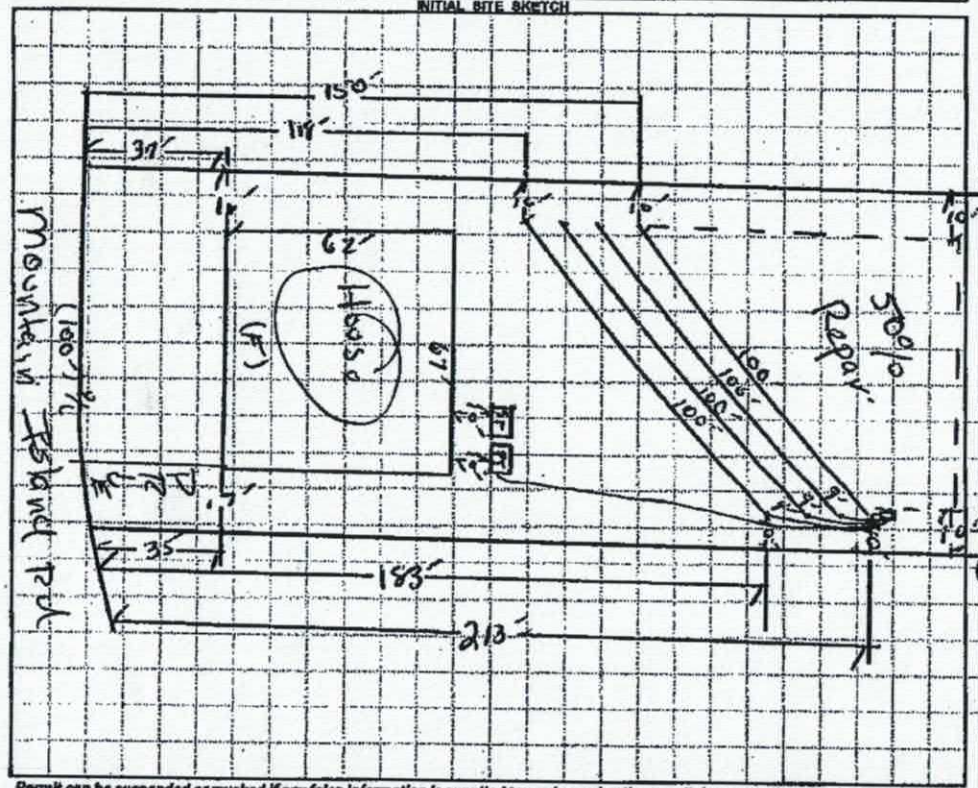
SITE DIRECTIONS: 70 E T/R Bethesda Rd T/L Northlake Dr T/L Mountain Island Lot on Left

SUBDIVISION: Northlake SECTION: P2 LOT # 4 LOT AREA: 0.68ac DESIGN FLOW: 480 L.T.A.R.: 0.3

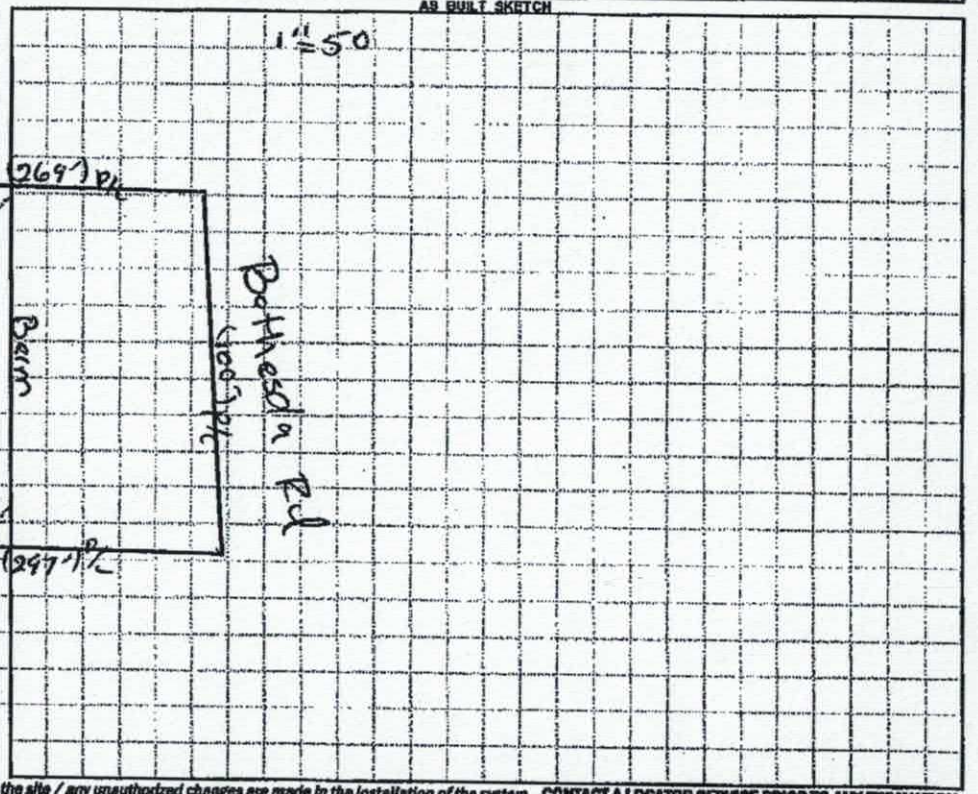
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply				
Pump Tank	1000	(gal)	PT		Date		System Description:	25% Reduction - Pump				☐ Business	No. Persons	8	☐ Private				
Pump Make			Model		Serial #		Repair System Description:	50% Reduction - pump				☐ Other	No. Employees		☒ Public				
# Nitrification Fields	1		# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab	☐ Crawl Space		☐ Community				
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: Install 25% Reduction on contour with pressure distribution.

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: 4/28/16 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 04/18/16 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

SITE PLAN WORKSHEET

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____ Property Line mensurements 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

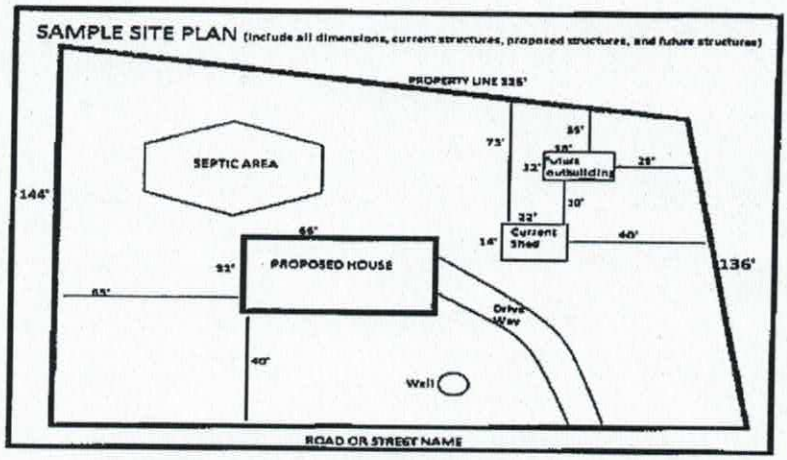
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

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

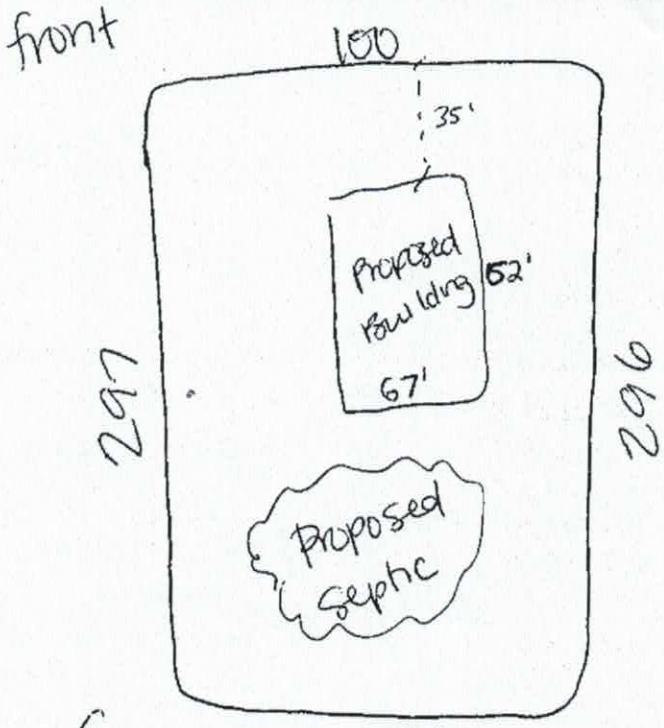
Circle N/A on the following if appropriate:

____ 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

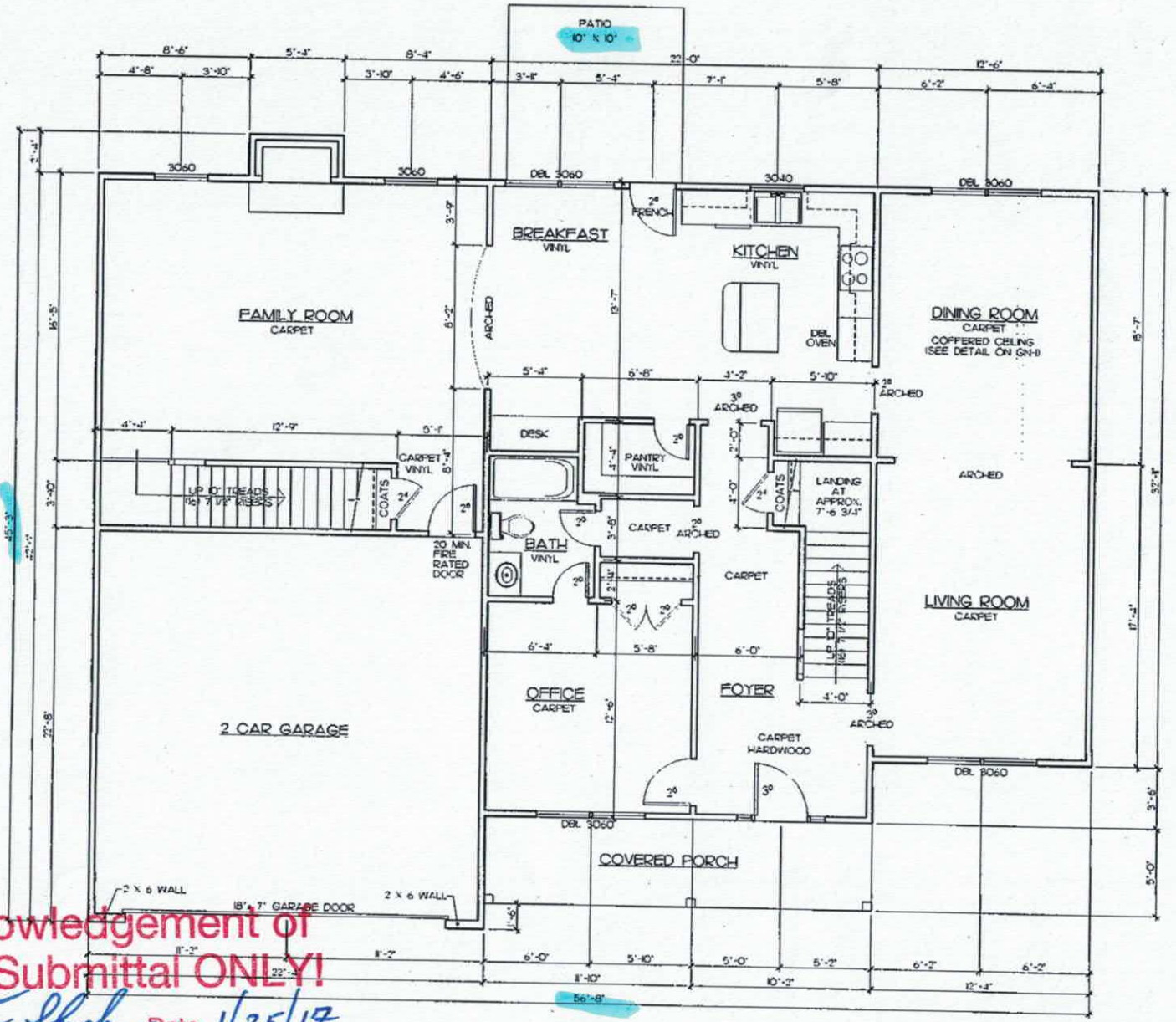


Signature: _____

REQUIRED property owner or owner's legal representative signature.

2/25/2016

DATE



FIRST FLOOR PLAN

SCALE: 1/4"=1'-0"

SQUARE FT SUMMARY

1ST FL. - 1660 SF HEATED
2ND FL. - 1800 SF HEATED
TOTAL - 3460 SF HEATED

GARAGE - 500 SF
FRONT PORCH - 110 SF

Acknowledgement of Plans Submittal ONLY!

Tom Shuck Date 1/25/17

Date

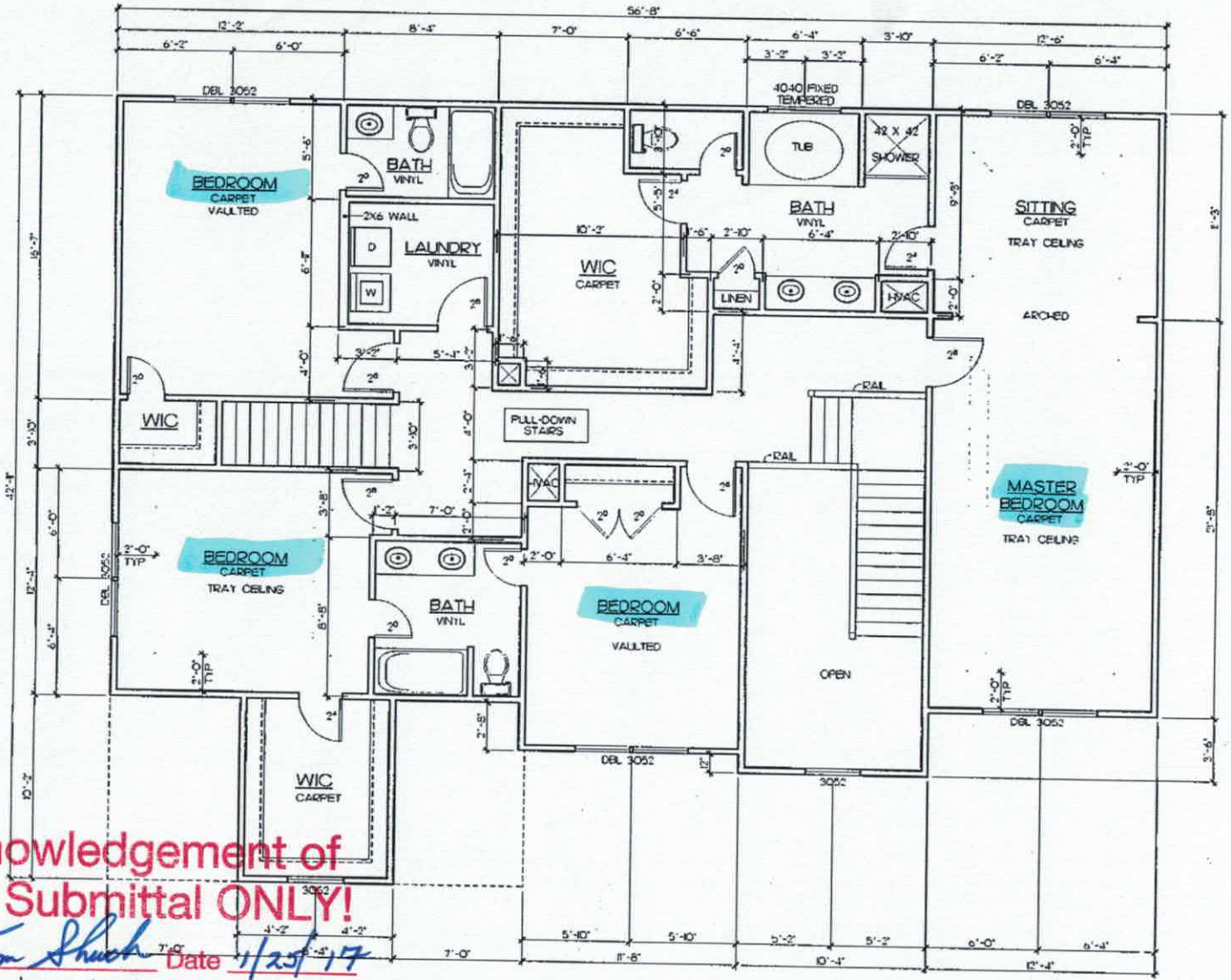
1-12-17

House Plan Design Co.
Charlotte, NC
704-846-6535

Medallion Construction Group LLC
P.O. Box 2476
Matthews, NC

Project: LAKESIDE MANOR @ CAROLINA LAKES SANFORD, NC
Plan Name: CHURCHILL
Sheet Title: FIRST FLOOR

Drawn By: K. PANNELL
Date: 06-14-8
REV: 03-20-12 UPDATED
FILE NAME: A-1.DWG
Sheet: A-4



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

Acknowledgement of Plans Submittal ONLY!

Tom Shuck Date 1/25/17

CA 1-12-17 Date

House Plan Design Co.
Charlotte, NC
704-841-6338

Medallion Construction Group LLC
P.O. Box 2476
Matthews, NC

Project: LAKESIDE MANOR @ CAROLINA LAKES SANFORD, NC
Plan Name: CHURCHILL
Sheet Title: SECOND FLOOR

Drawn By: K. PANNELL
Date: 06-14-11
REV: 03-30-12 UPDATED
FILE NAME: A6.DWG
Sheet: A-6