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

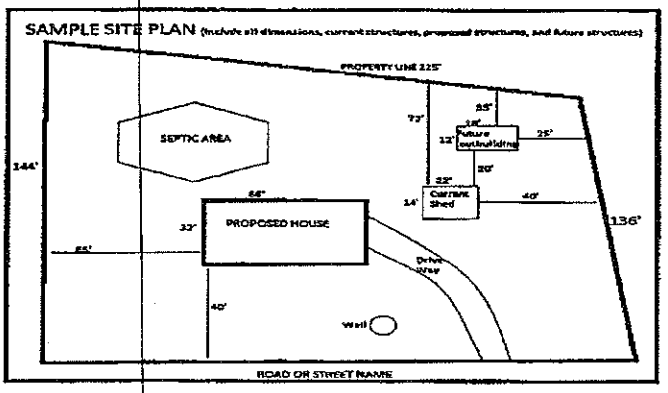
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

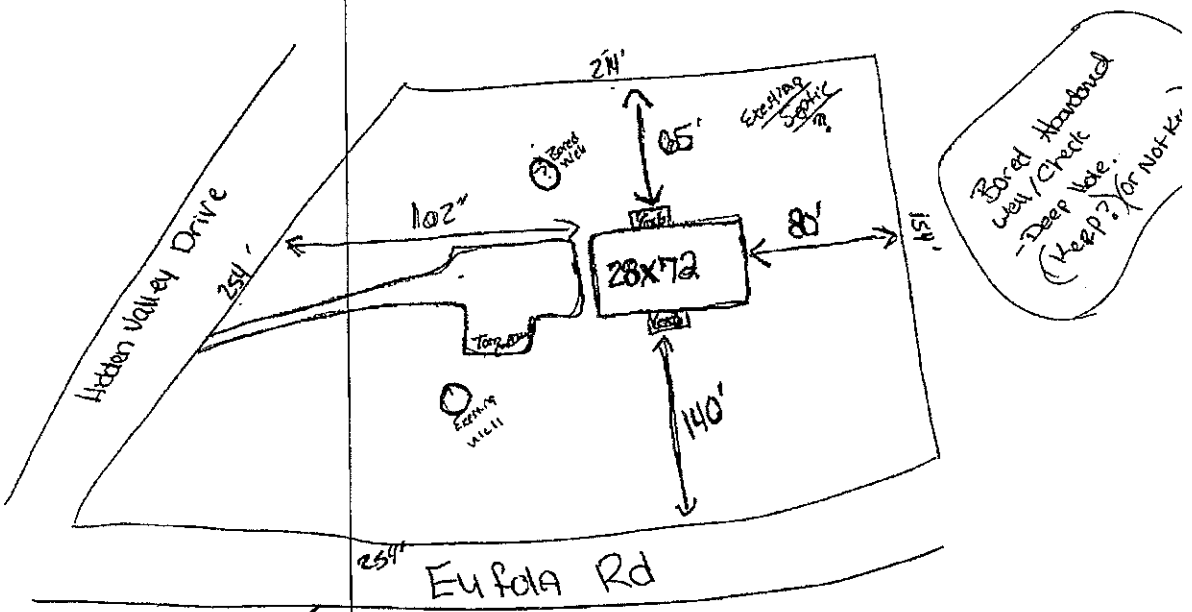
Circle N/A on the following if appropriate:

_____ 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



Signature: _____ _____ **4-12-16**

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office - Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

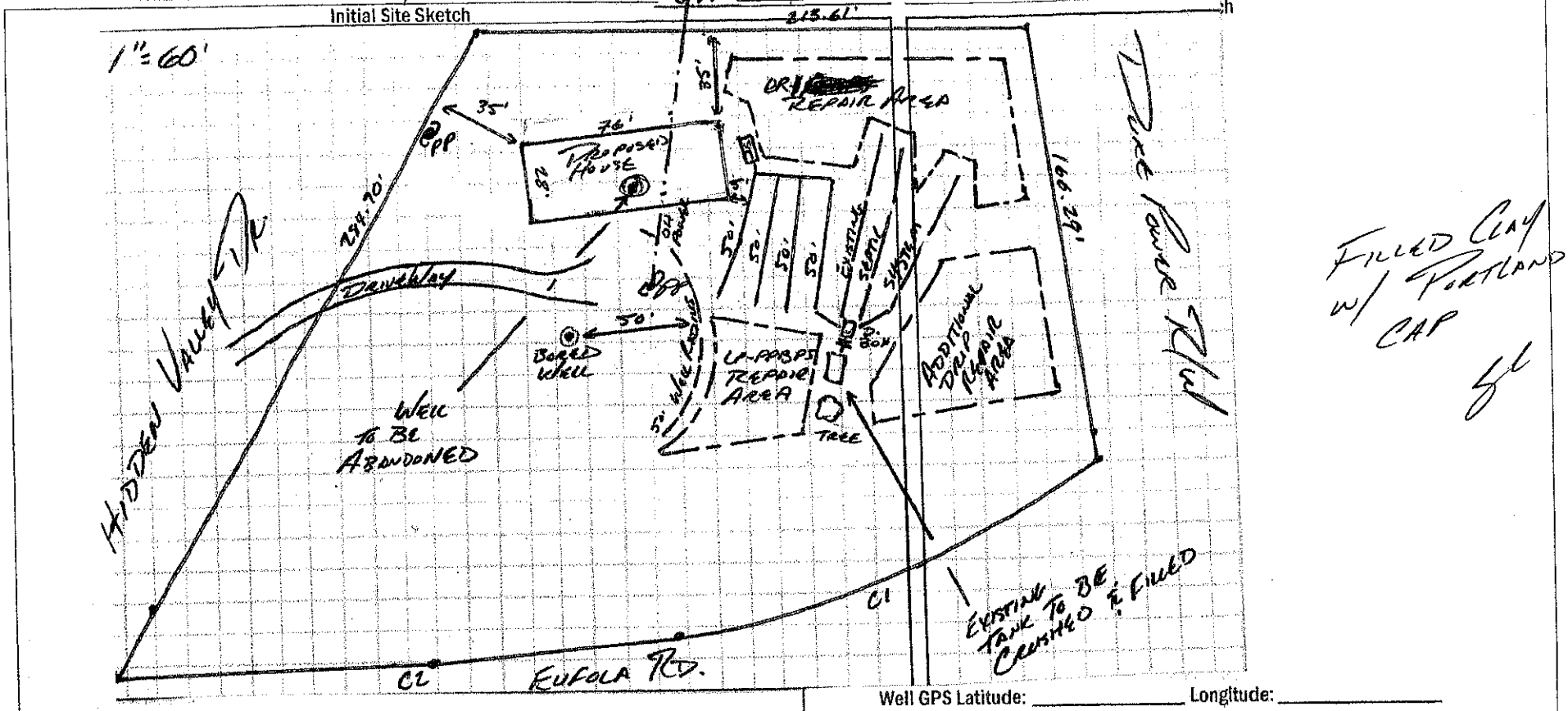
PRIVATE DRINKING WATER WELL PERMIT # 21798 **PIN #** 3792-84-4411-000 **Type of Permit (circle one):** New Repair (Abandonment)

APPLICANT NAME: FREEDOM HOMES ADDRESS: 1124 CHARLOTTE HWY TROUTMAN NC PHONE: 704-881-2326

DIRECTIONS TO SITE: SHARON SCHOOL RD. TO HWY 70, R, EUFOLA, L HIDDEN VALLEY, SITE ON R

SITE ADDRESS: 106 HIDDEN VALLEY DR. STATESVILLE NC 28 SUBDIVISION: SECTION/LOT:

Initial Site Sketch



Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: HAND DUG WELL INSIDE PROPOSED HOUSE LOCATION TO BE ABANDONED. FOLLOW ALL NC WELL RULES

WELL PERMIT ISSUED BY: APPROVED JUN 15 2016 Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor ROLLINS WELL & PUMP CONTRACTOR CERT #: GROUT INSPECTION BY: DATE: 7/28/16

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: DATE: WELL HEAD INSPECTION BY: DATE:

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: DATE: 8/2/16 WATER SAMPLES BY: DATE:

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☑ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink