IREDELL COUNTY HEALTH DEPARTMENT

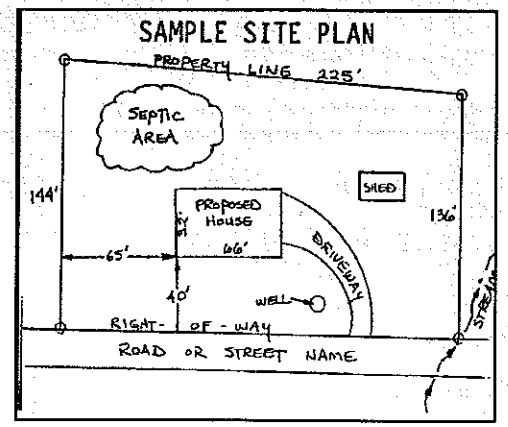
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **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

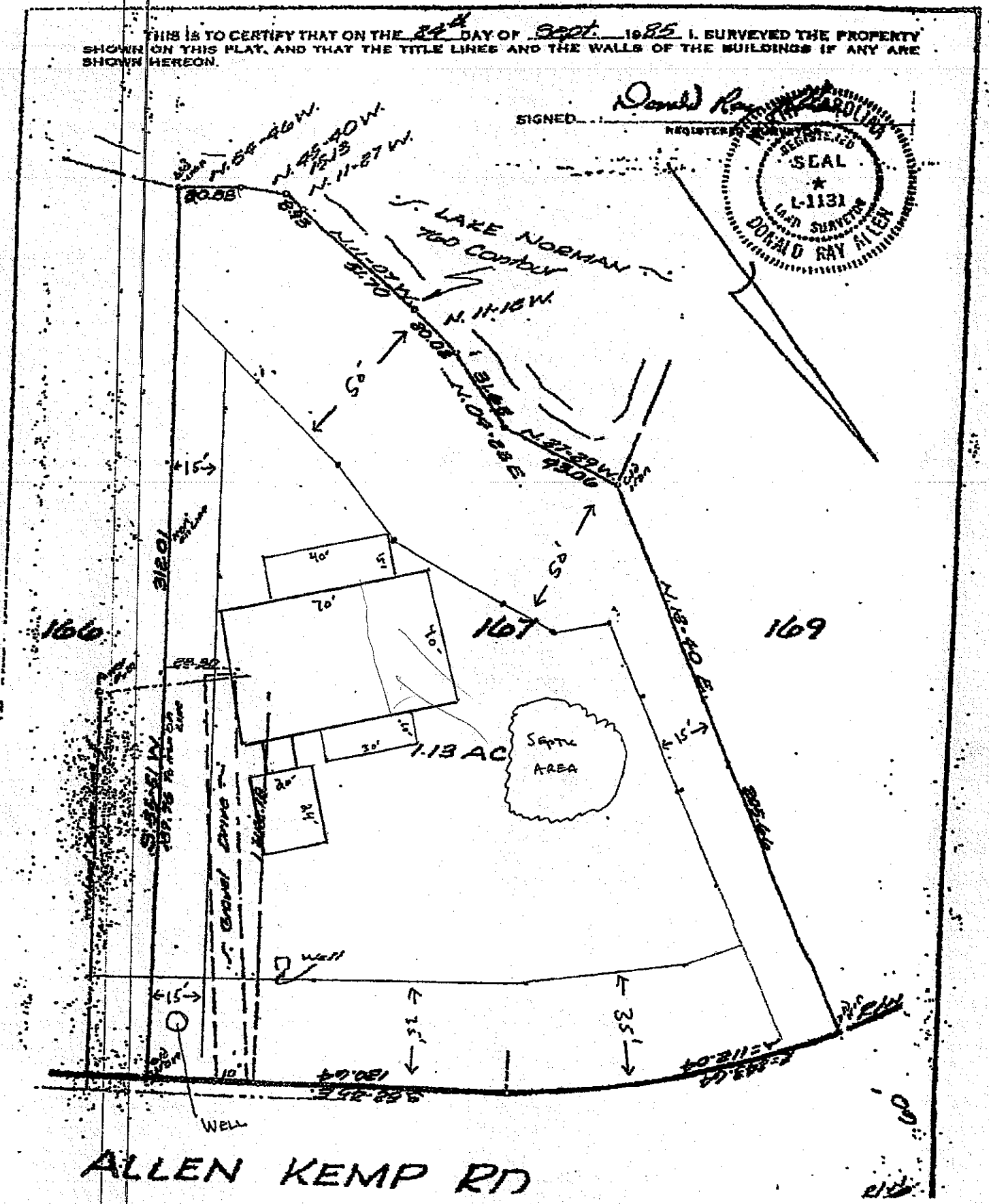
See Attached

Signature: Chad M. Wagner

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

12/8/15

DATE


THIS IS TO CERTIFY THAT ON THE 24th DAY OF Sept. 1985 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.
SIGNED
NORTH CAROLINA
REGISTERED
SEAL
L-1131
LAND SURVEYOR
DONALD RAY ALLEN
LAKE NORMAN
TOO COMBOY
166
167
169
1.13 AC
SEPTIC AREA
WELL
ALLEN KEMP RD

3:30

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR David D. Lowry DATE 10-5-79 PERMIT NO. 304

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1115. TL on 1446 2½ mi. on Rt.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 167 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~ 3/4 AC.

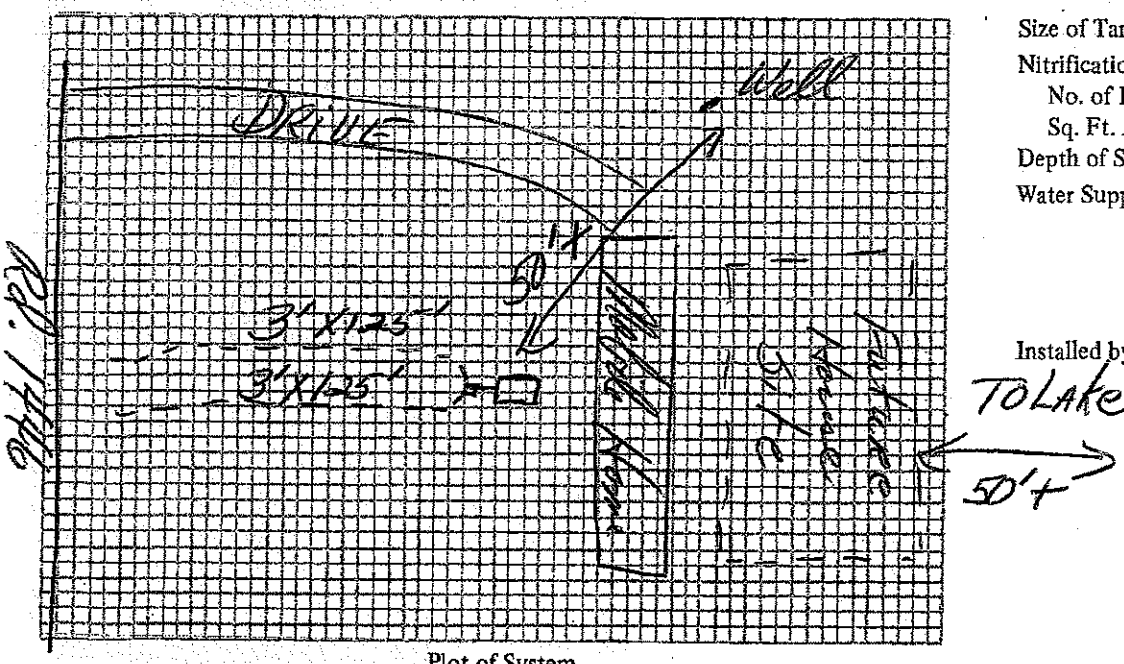
Character & Porosity of Soil Sandy gravel material

Percolation Rate 30 mpi

Topography 5-10%

Depth to Water Table unk.

Rock or other impervious formations some slt.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by _____

TO LAKE

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

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

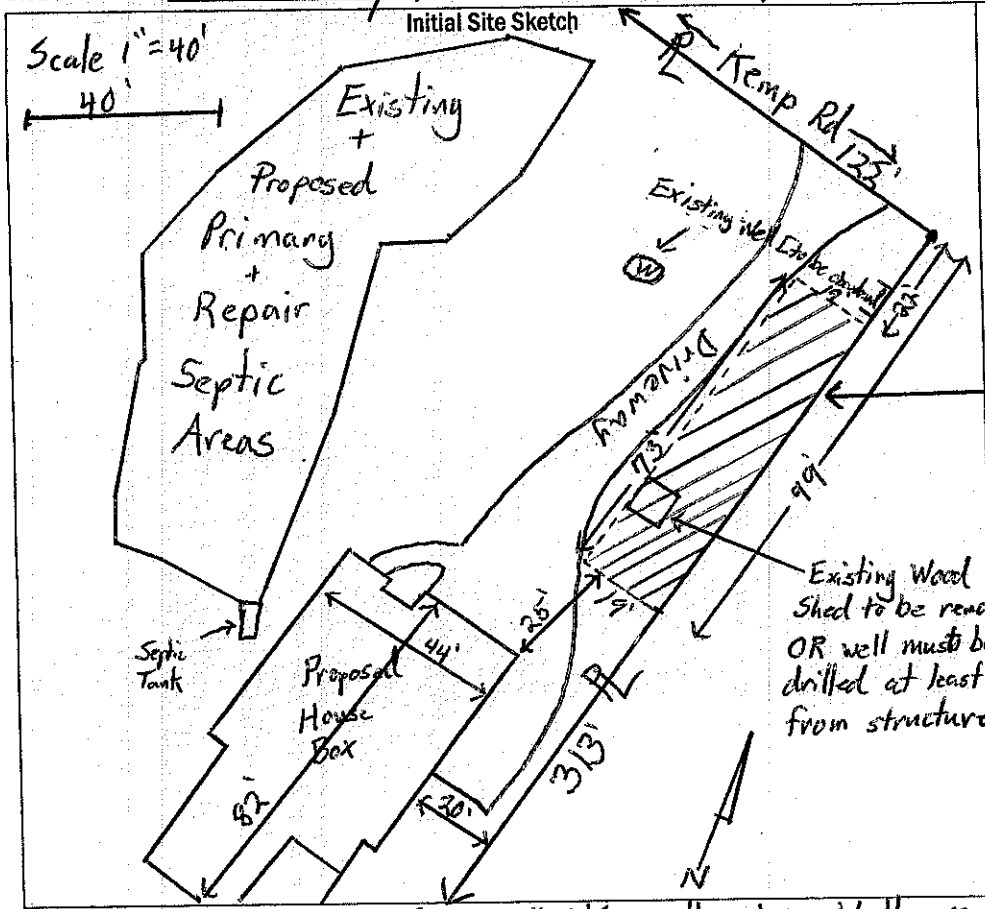
PRIVATE DRINKING WATER WELL PERMIT # 215340 **PIN #** 4626-17-0760 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT NAME: James Rowland ADDRESS: PHONE:

DIRECTIONS TO SITE: BSR toward Lake Norman → Right on McKendree Rd → Left on Kemp Rd → Property on Right

SITE ADDRESS: 683 Kemp Road Mooresville, NC 28117 SUBDIVISION: CL+T SECTION/LOT: 8/167

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well rules. Well must be cased at least 35' deep from ground surface. Property line must be staked at time of well drilling.

WELL PERMIT ISSUED BY: _____ DATE: 3-28-16 (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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

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: _____ 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