IREDELL COUNTY HEALTH DEPARTMENT

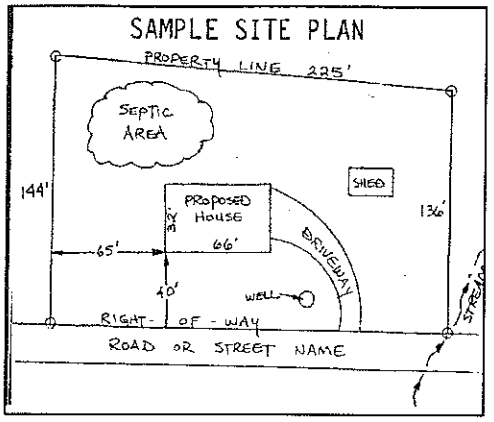
ENVIRONMENTAL HEALTH DIVISION

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)

7/6/2015

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

130.00 Pg. of 4.6

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

PERMIT# 119331 PIN# 4626-21-2848.002 DATE May 25, 04

OWNER OR CONTRACTOR Mid Atlantic Custom Builders PHONE: Business _____ Home _____

ADDRESS PO Box 3792, Mooresville N.C. 28117

LOCATION Brawley School Rd. TR Chuckwood 2nd right past jct w/ Bamber Loop

SUBDIVISION Watertree Landing BLOCK/SECTION _____ LOT 2 LOT AREA 30,036 sq ft SITE CLASS PS DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 1012 Date 6-8-05

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I ☐ II ☐ III ☐ IV ☐ V

System Description: Gravity 25% Reduction

Repair System Description: Gravity/LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

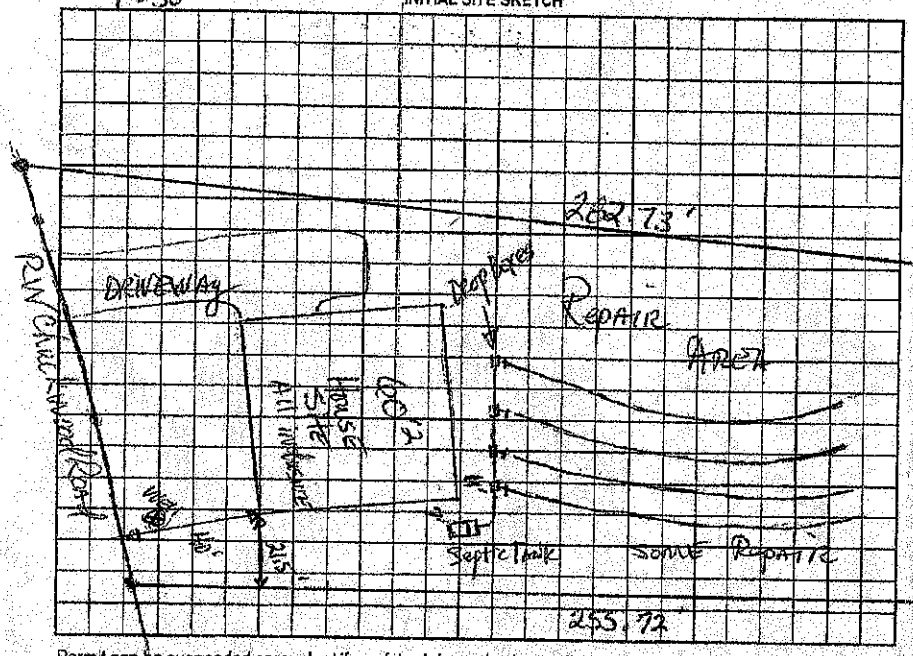
Comments/Conditions:

Comments/Conditions:

Yellow tuf-tite filter
Septic tank w/ marker

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 Std. Chamber
4 lines 96', 96', 104', 100'
as per initial site 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: George Bethune date 5-27-04 Installed by: Craig Thompson

Improvement Permit by: [illegible], RS date 5-25-04 Operation Permit by: Judy Melvin date 2-3-06

Authorization to Construct by: [illegible], RS date 5-25-04 Existing System Inspection by: _____ date _____

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