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

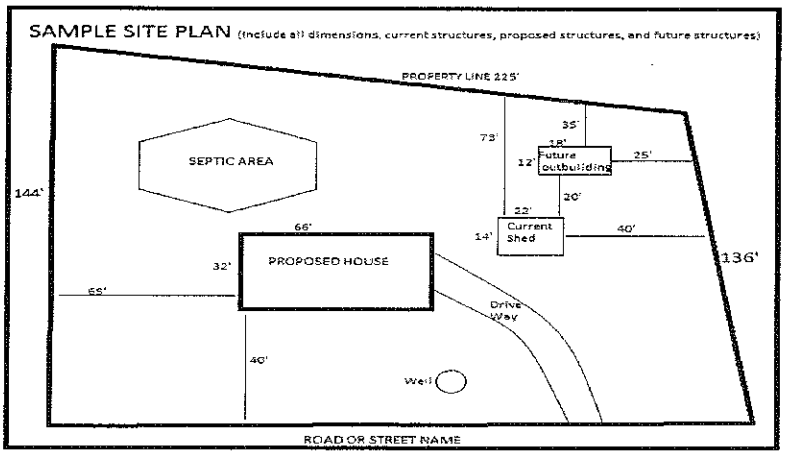
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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: Douglas J Mont

REQUIRED property owner or owner's legal representative signature.

10/7/16

DATE

4626-52-3195

11510

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 Kenneth Weissmagen DATE June 21, '90 PERMIT NO 2F-6-A-111

PHONE: Business _____ Home _____

LOCATION 150 TR 1177 (Chuckwood) TR Seagrove (1279) to end Bear left at end on left

SUBDIVISION NAME Holiday Harbor LOT NO. 14 SECTION OR BLOCK NO. _____ S. R. No. _____

House (✓) w/ Addn Mobile Home ( ) Business ( ) Other Addition (20'x30')

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes ( )	No ( )	

Character & Porosity of Soil PS clay

Percolation Rate 2-4

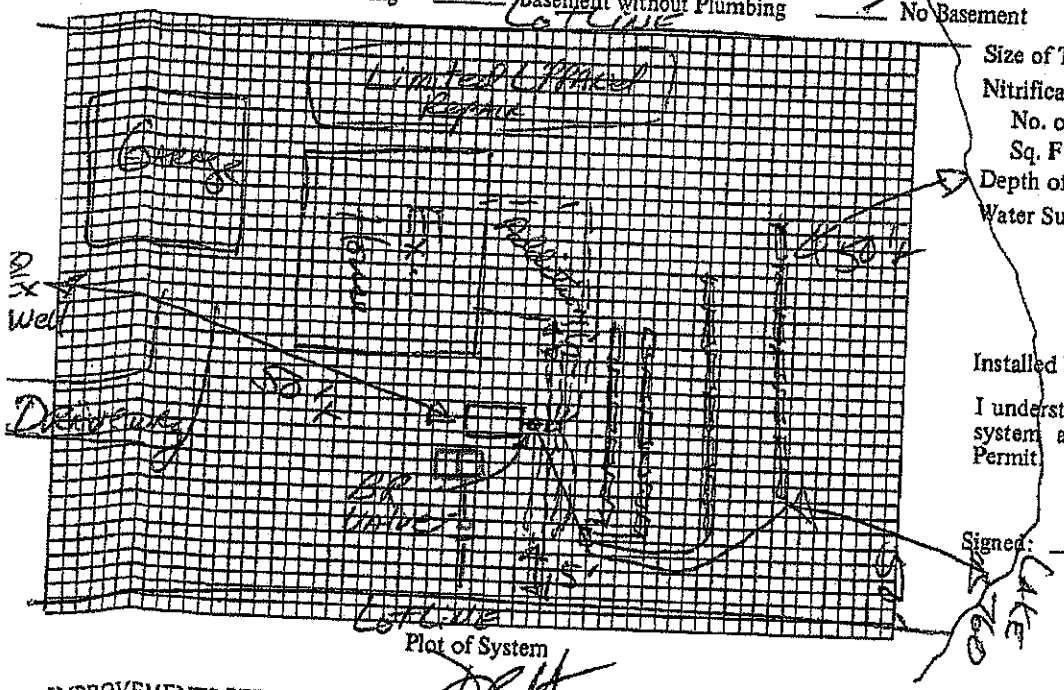
Topography 6%-10%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field: 4 panels linear

No. of Lines 4 Bed Addn.

Sq. Ft. _____ Linear Ft. 150' ±

Depth of Stone in Lines 16" ±

Water Supply: Individual ✓ panels

Public ( )

Installed by Wright Wooten

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DCK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE June 21

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

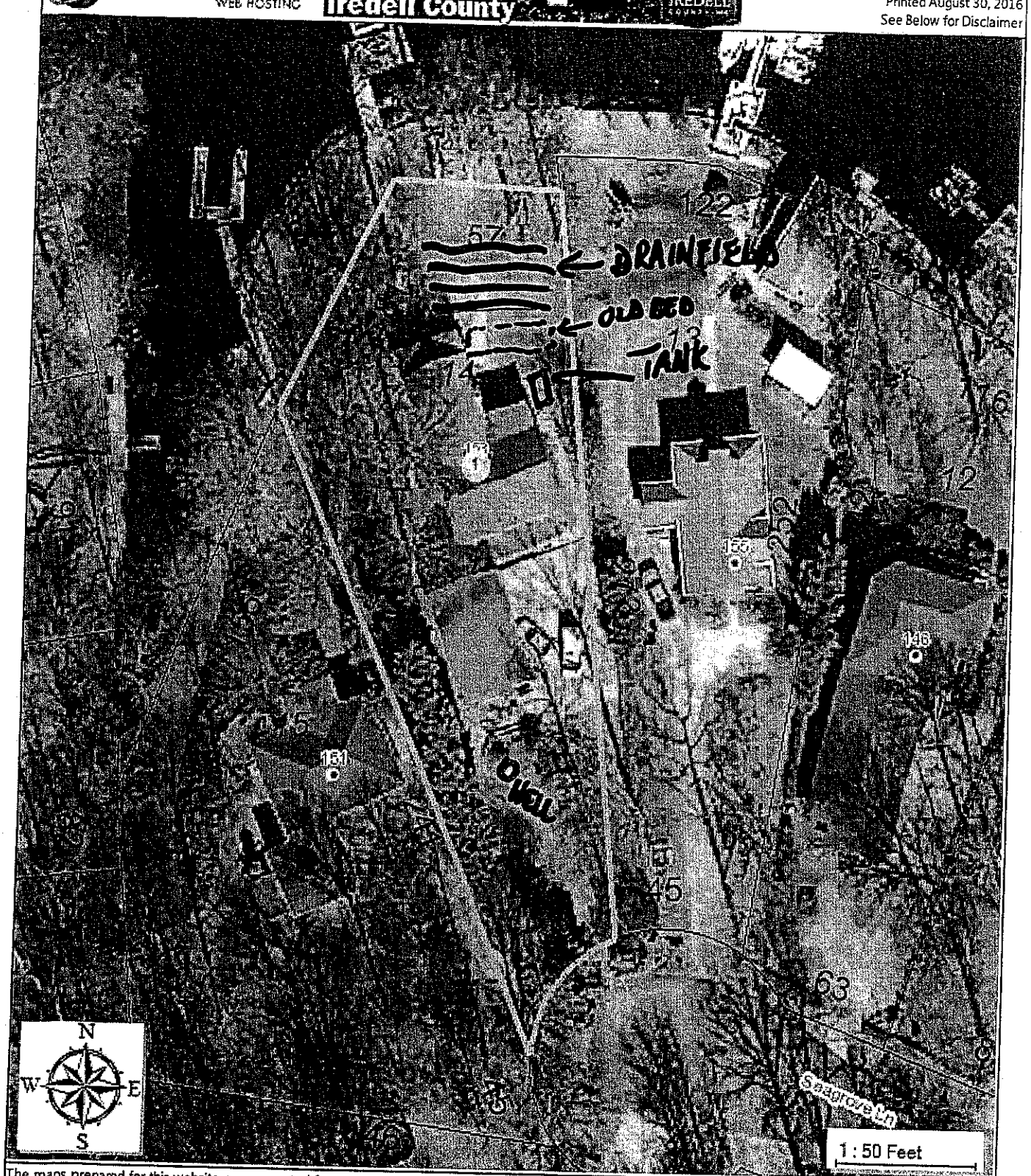
rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making rovements Permit.

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

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed August 30, 2016
See Below for Disclaimer



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