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IREDELL COUNTY HEALTH DEPARTMENT

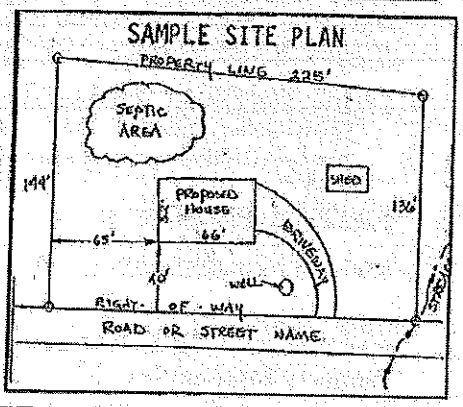
ENVIRONMENTAL HEALTH DIVISION

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
(X) 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

Planned addition Septic Layout attached

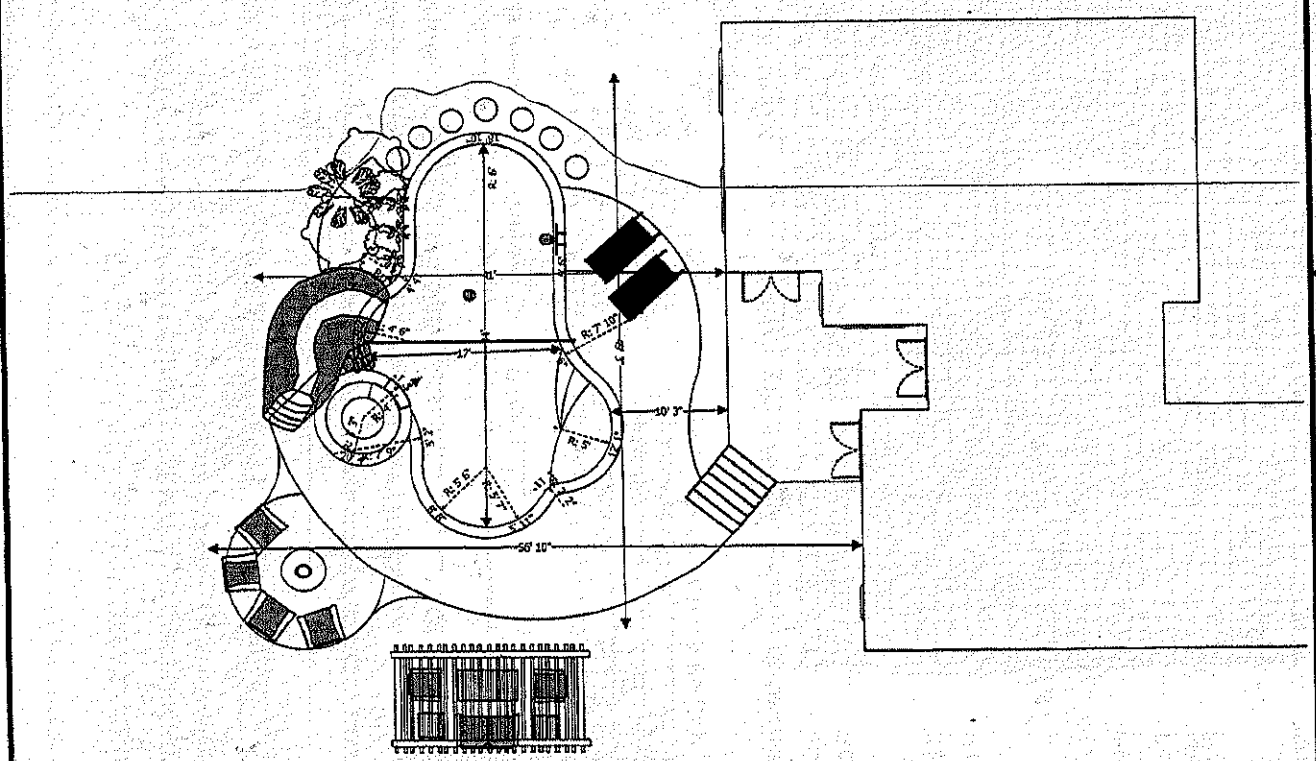
Signature: _____

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

4/17/2015

DATE

PLAN VIEW



3/32 = 1 FT.

CUSTOMER INFORMATION

DAWN NICHOLAS
131 TALL OAK DR.
MOORESVILLE NC 28117.

4626-86-8743

IREDELL COUNTY HEALTH DEPARTMENT

11471

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles W. Millbe DATE Nov. 9, '90 PERMIT NO. 2F-11-A-20

PHONE: Business ______ Home ______

LOCATION 1150 TR into Poplar Grove Bear Right TL next STREET At end S. R. No. ______

SUBDIVISION NAME Poplar Grove LOT NO. 20 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ PS Yes (✓) No ( )

Lot Area 20000 ft²

Character & Porosity of Soil PS clay

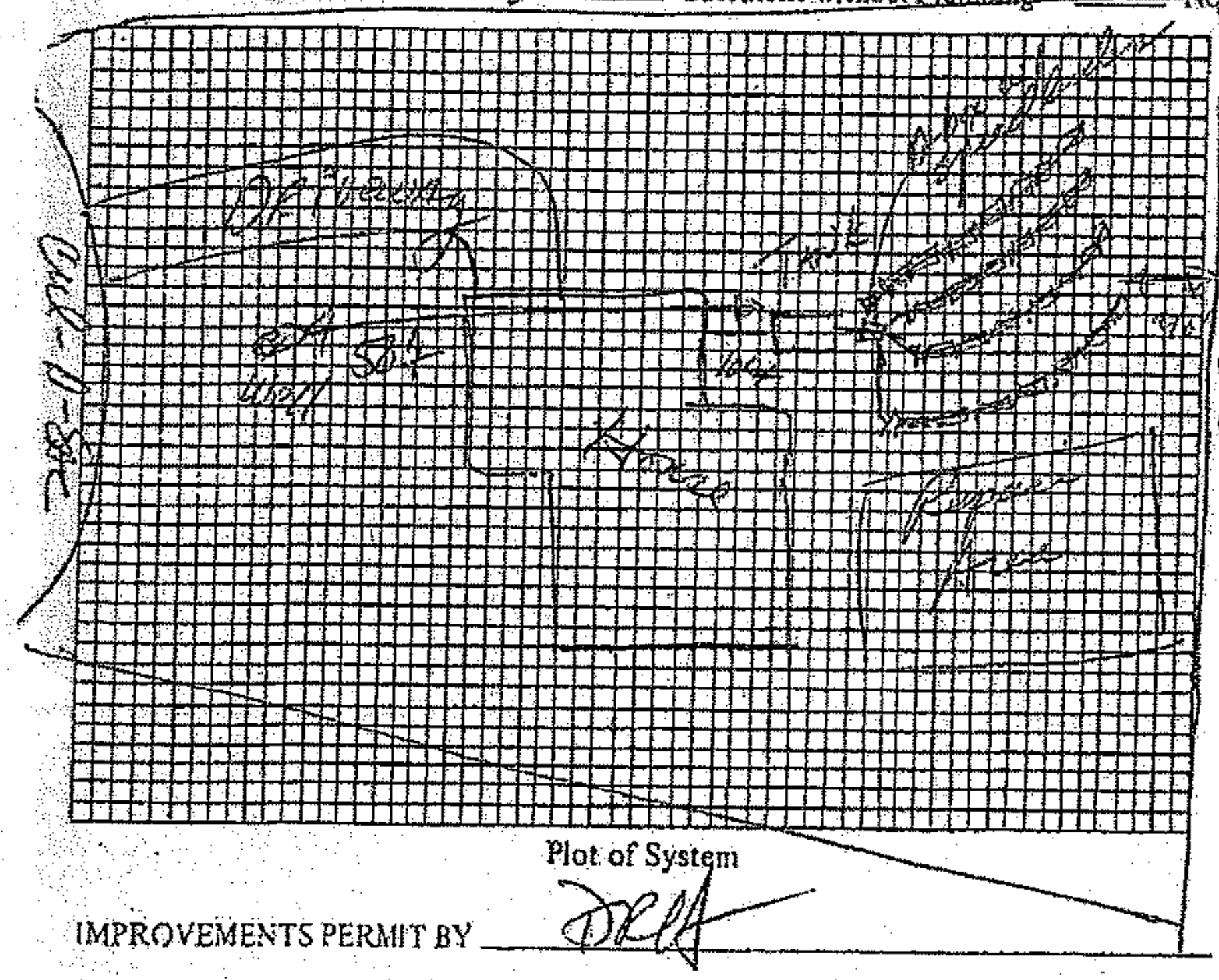
Percolation Rate ~.3

Topography 2-6%

Depth to Water Table 44

Rock or other impervious formations none obs

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ______ Linear Ft. 200' 8'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) Public ( ) Gravity Flow

Installed by FJ Brown

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY DR Hanson, EHS DATE 11-9-90

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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

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

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