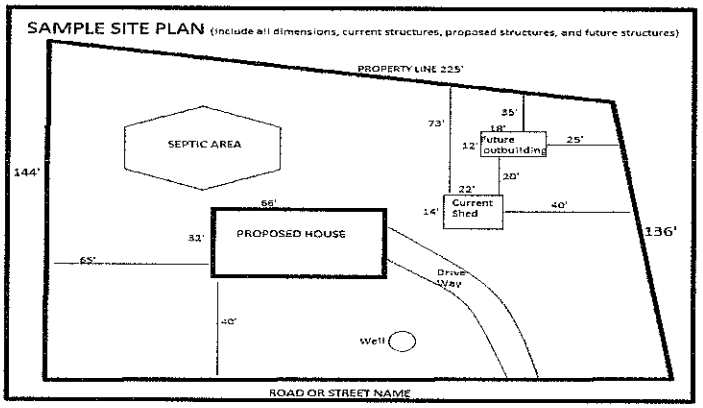
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

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 diagram –
Replacing Existing Tank

Signature: _____
REQUIRED **property owner or owner's legal representative signature.**

3/30/16
DATE

3.00

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 R. Ashley Winters DATE May 20, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR Ardmore (Between Hwy Circle & E. Lakeview Dr.) 1st on Rt. (Cul-de-sac) S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 354 SECTION OR BLOCK NO. 8

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

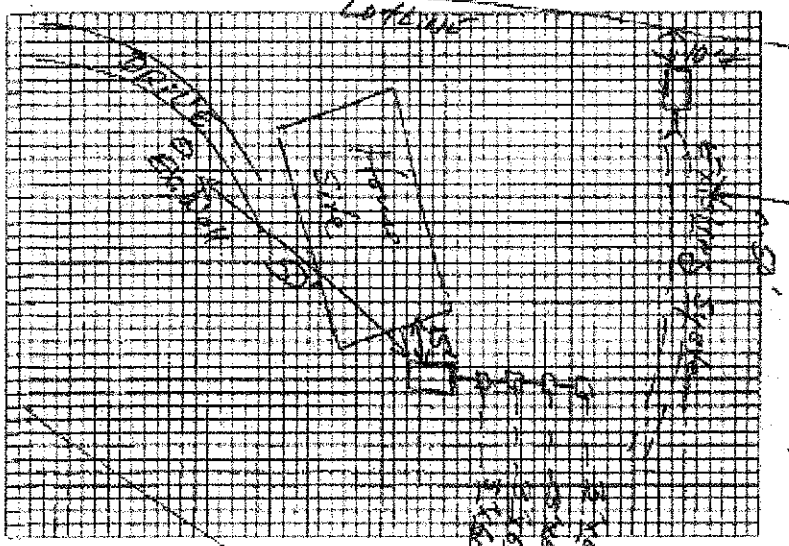
No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
~~Loading~~ 2-9000 ft/c

Character & Porosity of Soil Clay
Percolation Rate 4
Topography Slope
Depth to Water Table 4'+
Rock or other impervious formations more otr.

Split system – Use existing system for Basement

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 ± Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
Existing well

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY _____ DATE _____

COMMENTS: Install drainfield with 12" cover. Use a section of properly installed drop box to distribute effluent. No septic on any line. A new well is needed. Locate it uphill or over (towards) from existing well.

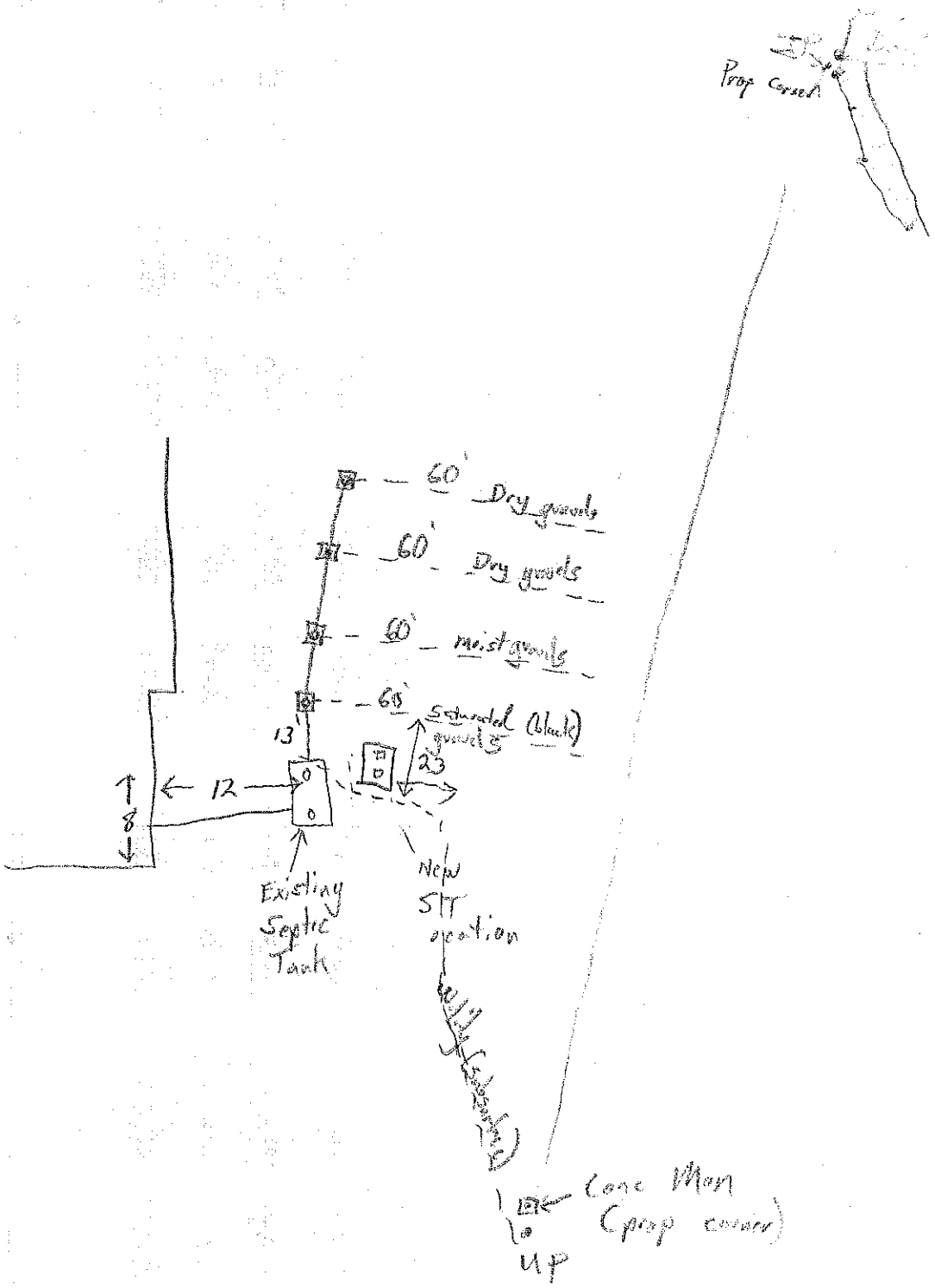
CERTIFICATE OF COMPLETION BY _____ DATE _____

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


Prop Corner
60' Dry goods
60' Dry goods
60' moist goods
60' Stranded goods (black)
13'
23'
12'
8'
Existing Septic Tank
New STT location
Lane Main
(Prop corner)
UP