IREDELL COUNTY HEATLH DEPARTMENT

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…
  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:

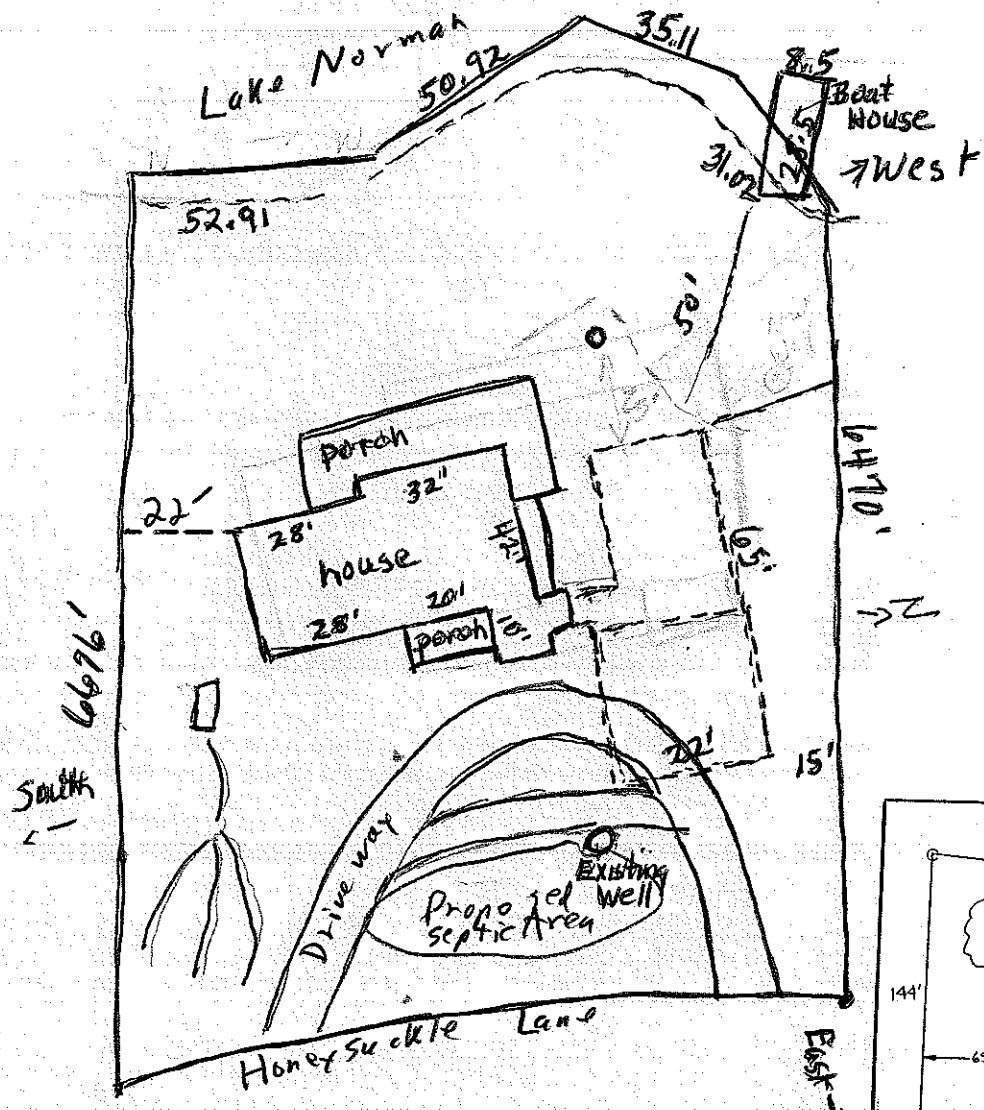
- — ✓ Location of septic systems and wells within 100' of your property… N/A
- ✓ Location of easements and rights of ways on your property… N/A
- None Location of any designated wetlands on the property… N/A

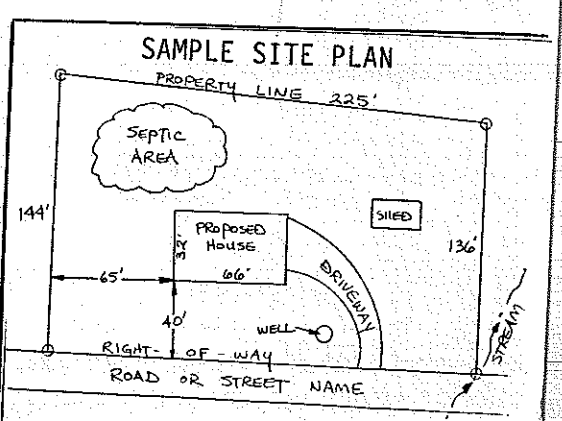
Signature: Owner

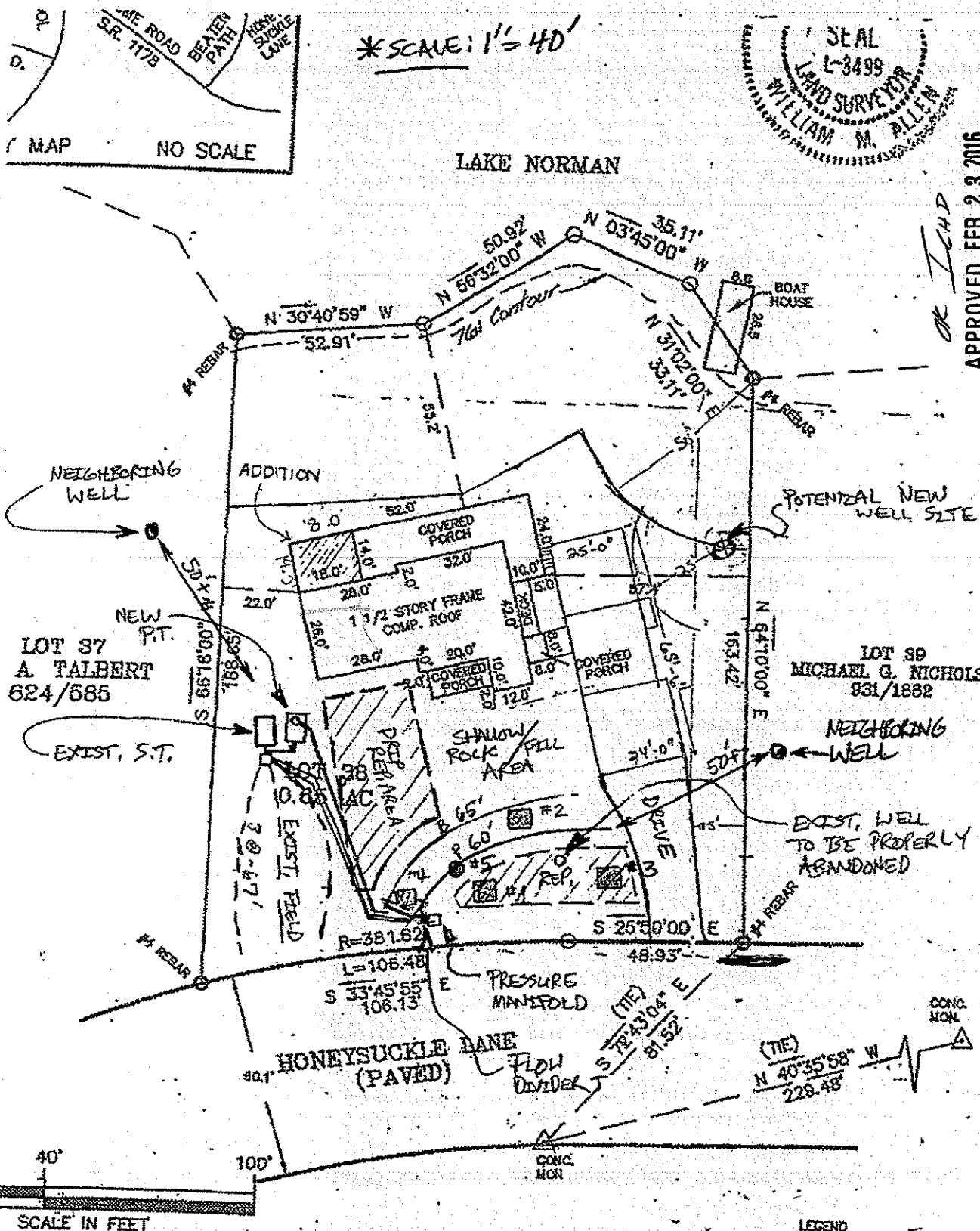
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/31/06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN







NOTES
PERTY MAY BE SUBJECT TO
MENT AND/OR, RIGHTS-OF
RECORD.
PUTED BY THE COORDINATE

LE 1" = 40'

PHYSICAL SURVEY

OF

LOT 38 CRESCENT LAND & TIMBER CORP. SECT. 9

DAVIDSON TWSP IREDELL CO., N.C.

FIELD BOOK

LEGEND
- P.P. = POWER POLE
- = DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL

IREDELL COUNTY HEALTH DEPARTMENT

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

9-30-10520

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22742 DATE Dec 19, 95 TAX MAP NO. 2L4438 Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR C.G. Martin III PHONE: Business Home W54CA

ADDRESS 640 Yorkshire Rd Wingate Salem

LOCATION Roseberry Rd to Blume & Beaten Path Bear left 2nd Beaten Path to Honeysuckle on left

SUBDIVISION Crescent Jct BLOCK / SECTION 9 LOT EXISTING LOT 38 SITE CLASS. DESIGN FLOW 240gal L.T.A.R.

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 2-1-96

Pump Tank: ~~1000~~ Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields EX Square Feet Linear Feet 200 EX.

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Ex. 2bedrm drainfield

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

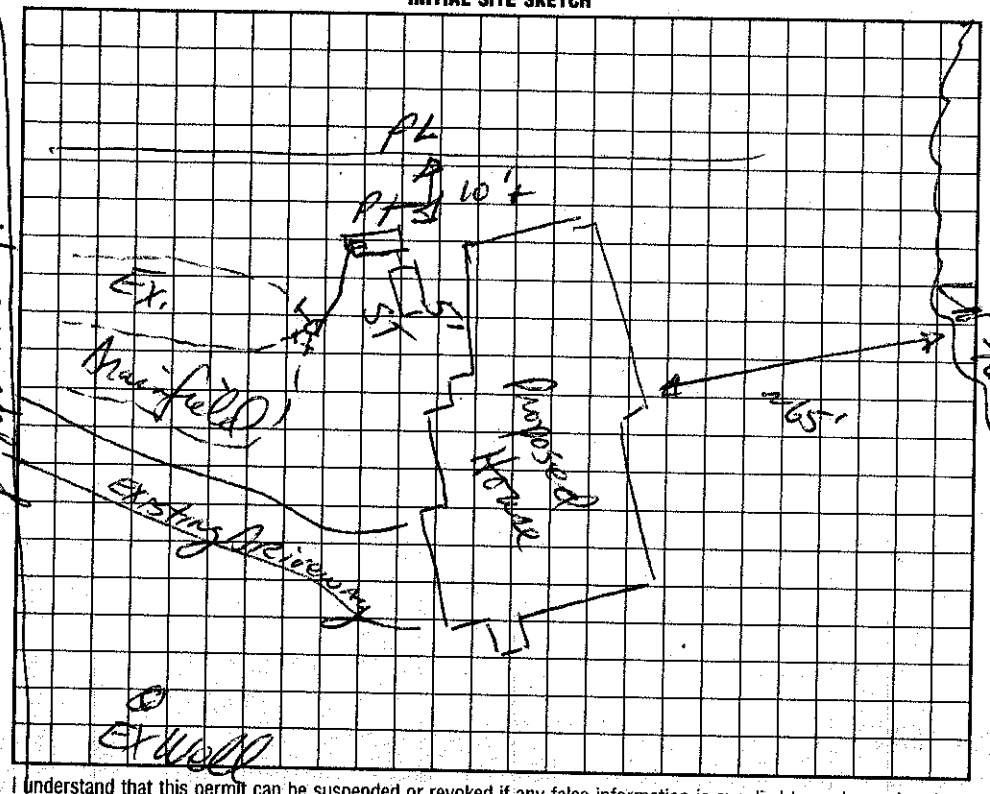
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

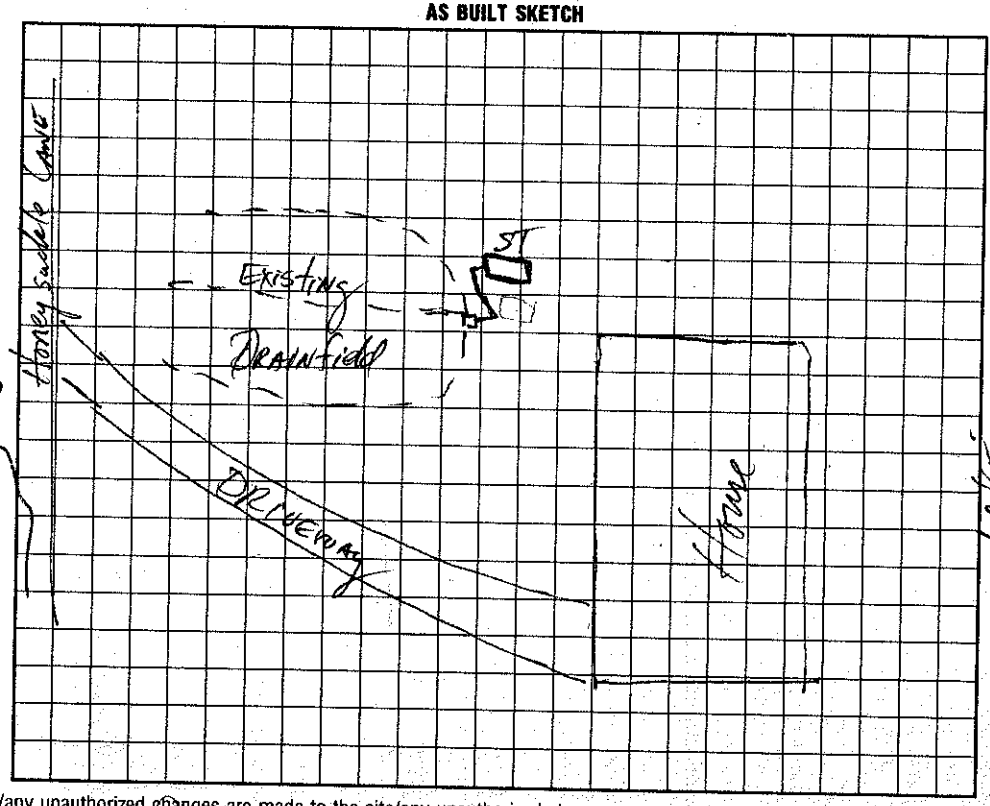
Comments: Replace old tanks with new precast tanks as shown. Backfill as necessary. Final electrical/alarm check required.

Comments: House built on crawlspace high enough to accomodate gravity flow.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed:

Improvement Permit by: DR Hanson RS date 12/19/95 Installed by: JR Bowles

~~Existing System Inspection~~ by: DR Hanson RS date 12/19/95 Certificate of Completion by: date

Operation Permit by: DR Hanson RS date 4-19-96

~~APPLICANT COPY: WHITE~~ INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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 Harry Day DATE 9-27-78 PERMIT NO. 240

PHONE: Business 525-9332 Home 334-887C

LOCATION 1178 then 1443 TL on 1444 TR on Honeysuckle Lane

SUBDIVISION NAME L N. S. R. No. ______

LOT NO. 38 SECTION OR BLOCK NO. 9

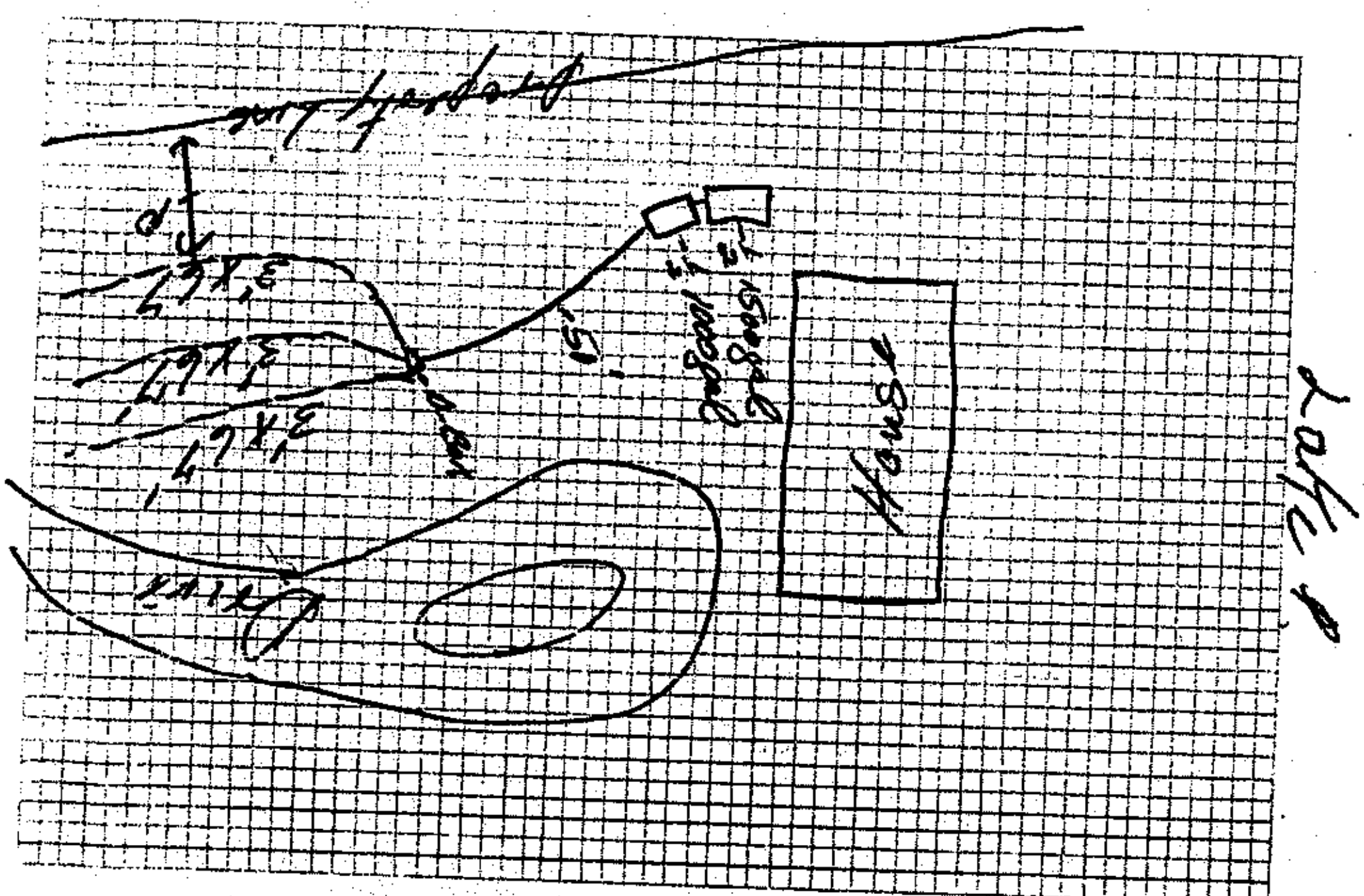
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 2 No. Bathrooms 1

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 Clay loam
Percolation Rate 60 min. 8in
Topography 22% Slope
Depth to Water Table 6' to 8'
Rock or other impervious formations Rock all over Lot a



Plot of System

Size of Tank 1/2 1500 Gals.
Nitrification Field: 1/3 1000 Pump tank
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by J. R. Bowles

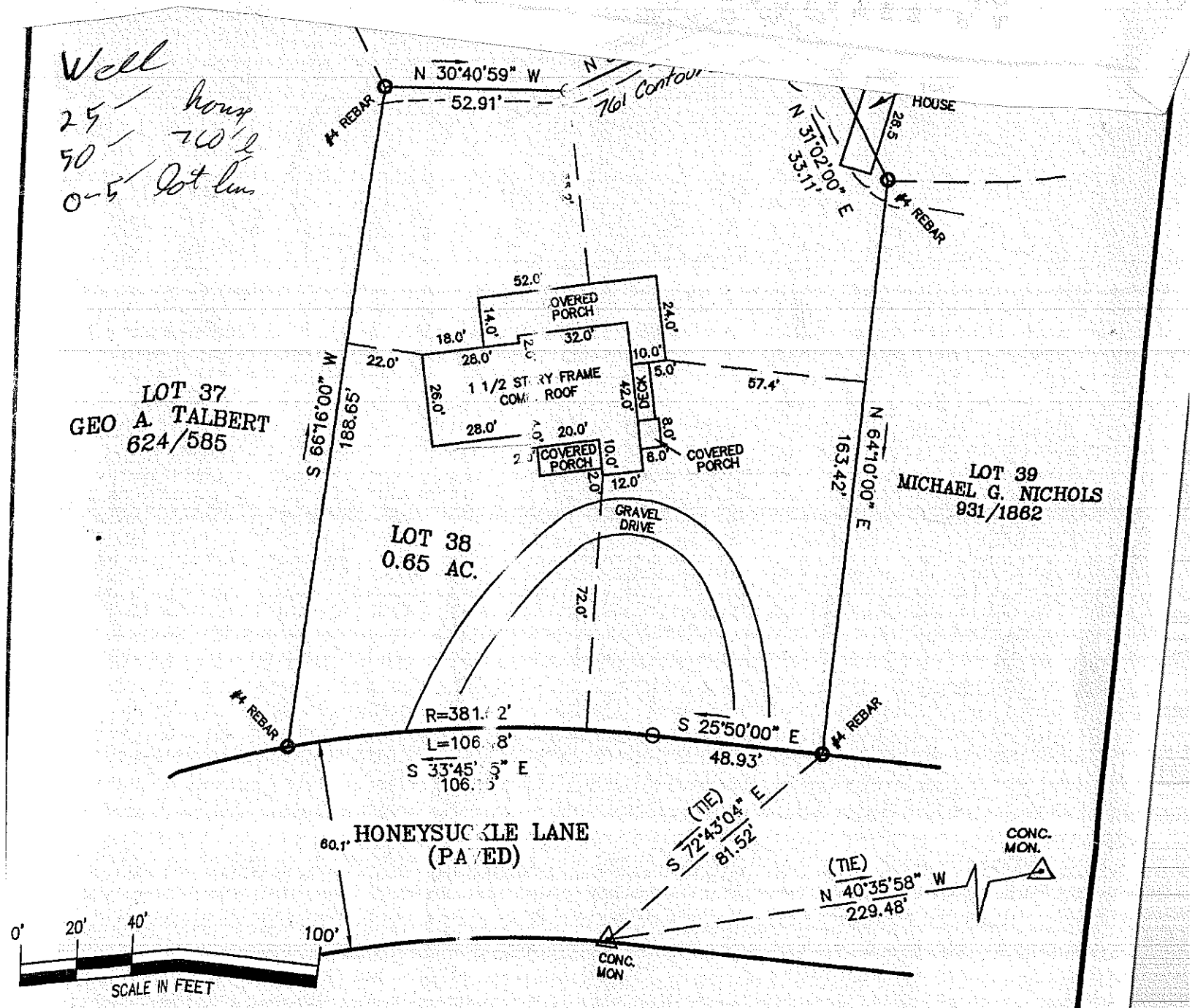
IMPROVEMENTS PERMIT BY ______

COMMENTS: System has pump to pump to area were no Rock

CERTIFICATE OF COMPLETION BY John Houston DATE 9-27-78

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



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.

SCALE 1" = 40'

ACQUIRED BY:

PHYSICAL SURVEY

OF

LOT 38 CRESCENT LAND & TIMBER CORP. SECT. 9

DAVIDSON TWP., IREDELL CO., N.C.

O.C. MARTIN III

LEGEND

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