IREDELL COUNTY HEALTH DEPARTMENT

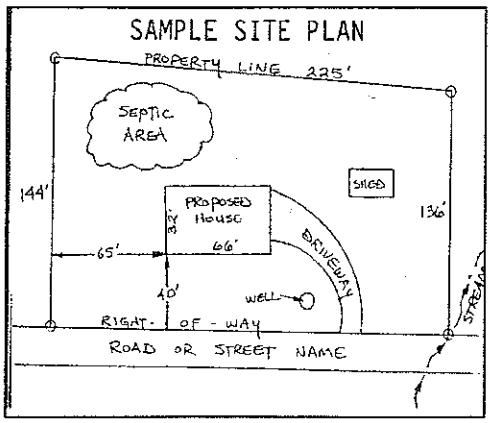
ENVIRONMENTAL HEALTH DIVISION

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: _____ 9/14/2015

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 066 165 DATE 5/27/97 TAX MAP NO. 4627822798 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR STAN THOMPSON PHONE: Business _____ Home 404-231-9209

ADDRESS 2611 BIRCHWOOD DR NE ATLANTA GA 30305

LOCATION BRAWLEY SCHOOL RD - TR BLUME - TL BEATEN PATH - TL BEATEN PATH AGAIN - # 518 OR RT

SUBDIVISION CLOT BLOCK / SECTION 9 LOT 590 LOT AREA _____ SITE CLASS. 1S DESIGN FLOW 240 GPD L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet _____

No Lines _____ Trench Width EXISTING Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: GRAVITY BED CONV.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1 1/2

☐ Business No. Employees ____

☐ Other _____

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

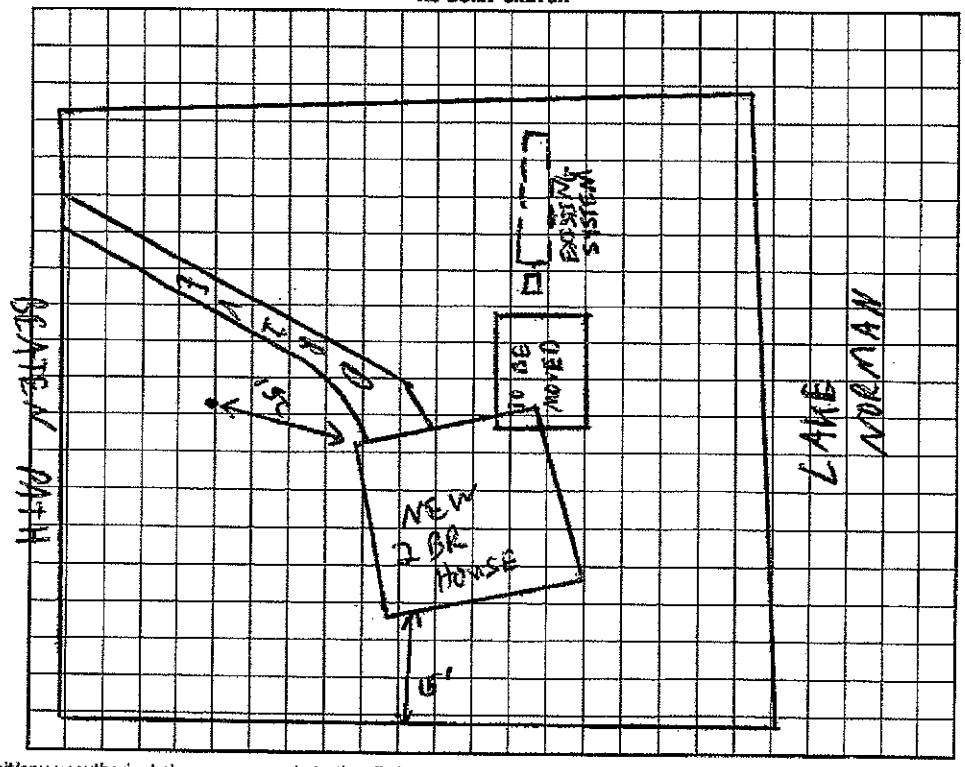
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Denise B. Smith, Agency Construction

Improvement Permit by: _____ date _____

Existing System Inspection by: C. M. Fox date 5/27/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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