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...**

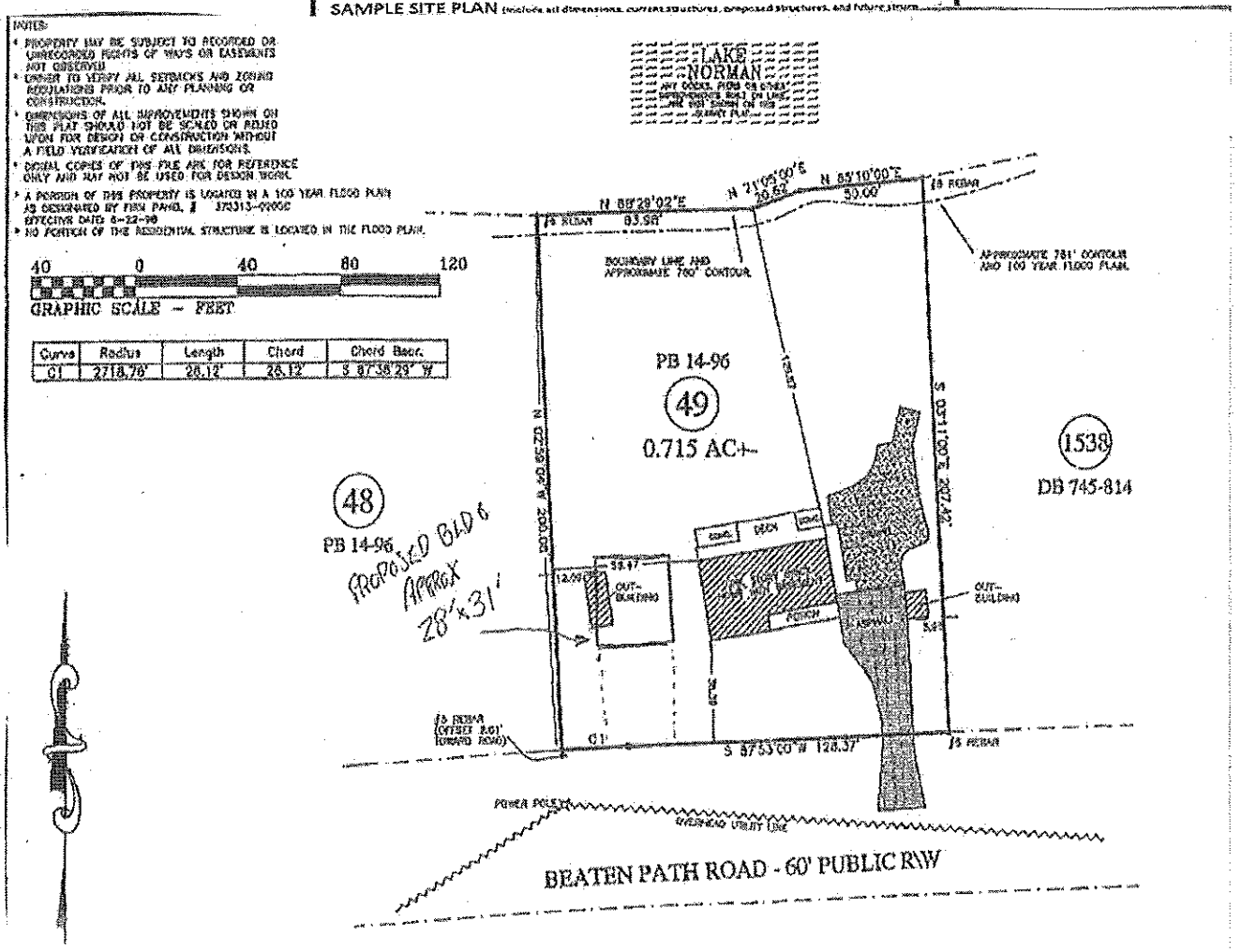
_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

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**

SAMPLE SITE PLAN (include all dimensions, current structures, proposed structures, and future plans)



Signature: _____ _____

REQUIRED property owner or owner's legal representative signature. DATE

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 J. W. Rogers DATE 2-26-86 PERMIT NO. 85

PHONE: Business ______ Home ______

LOCATION 1100 TR onto Blume TL onto Beaten Path TL at fork before Road loops House on R before Honeysuckle Lane S. R. No. ______

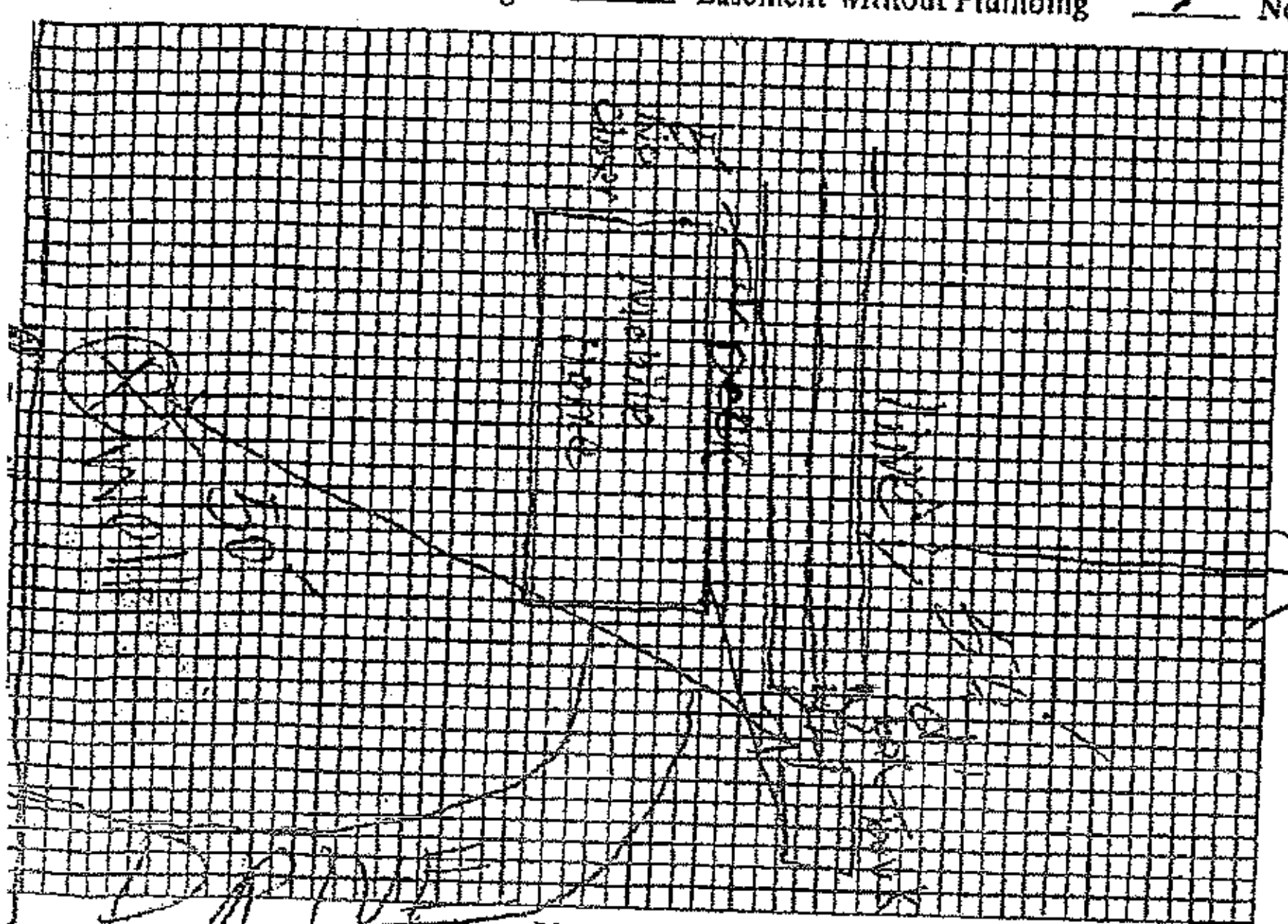
SUBDIVISION NAME Lake Norman LOT NO. 4a SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( ) Existing
Lot Area ~ 3/4 acre

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______
Depth to Water Table ______
Rock or other impervious formations Existing

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines ______
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines ______
Water Supply: Individual (✓)
Public ( )

5-19-83

Installed by Dellinger

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

Signed: ______

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: existing working OK at date of inspection OK for 3 bedroom mobile Home (Doublewide)

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 2-26-86

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