IREDELL COUNTY HEALTH DEPARTMENT

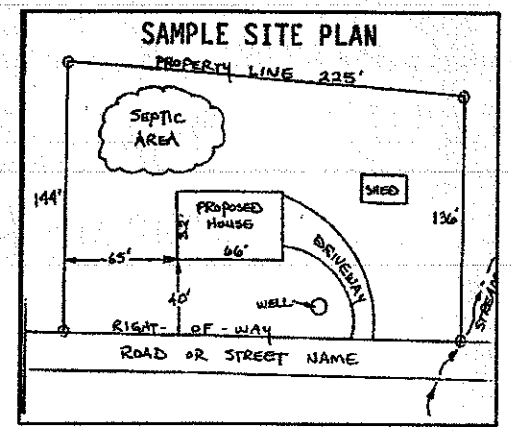
ENVIRONMENTAL HEALTH DIVISION

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: _____

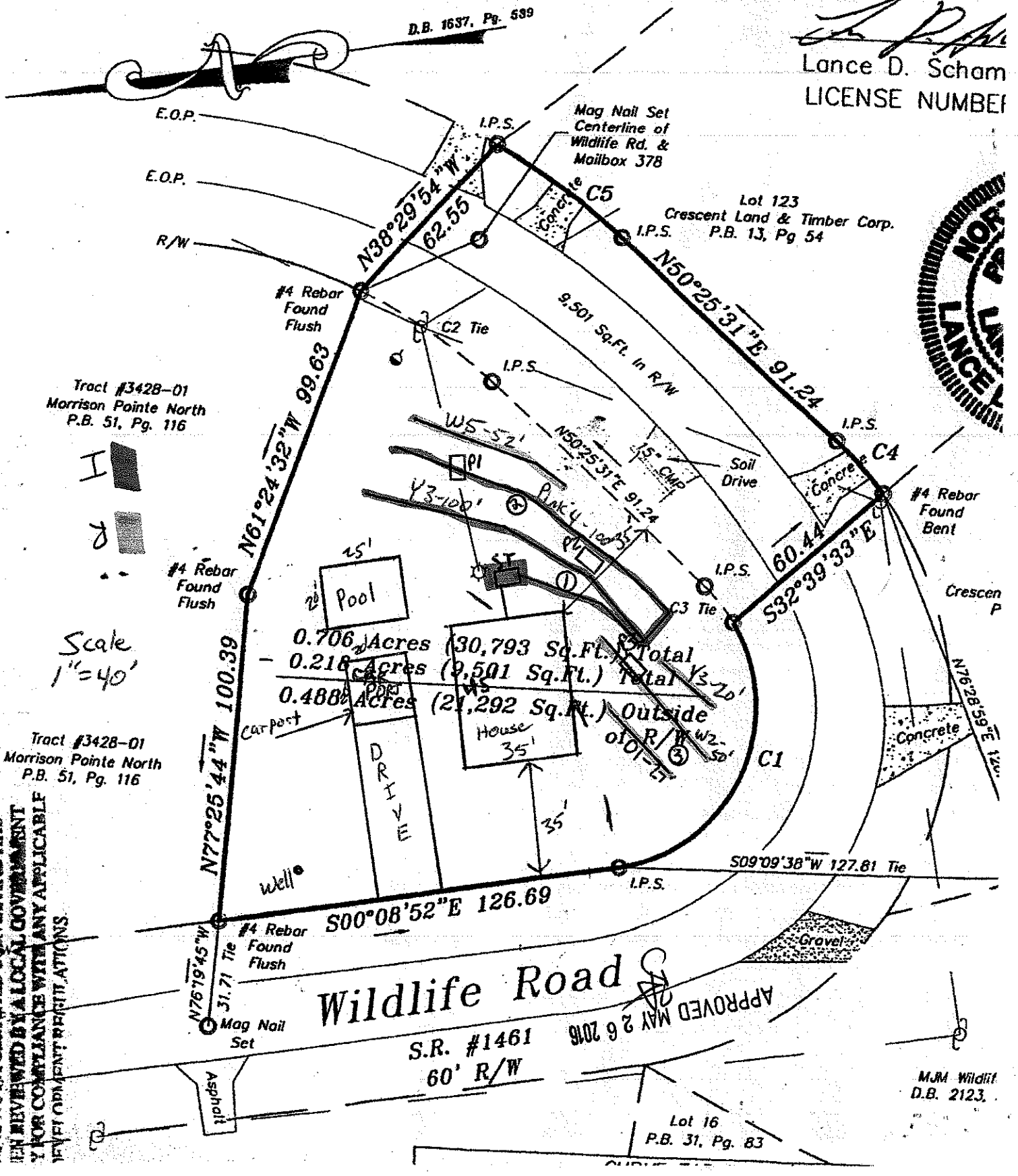
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/16/2014

DATE

nce D. Schamback; certify that this plat was drawn under my supervision
vey made under my supervision (deed description and/or Map Book: 1637, F
nat the boundaries not surveyed are clearly indicated as drawn from informa
survey; that the ratio of precision as calculated is 1: 10,000+ that this plat
in accordance with G.S. 89-C as amended. Witness my original signature, regist
and seal this 6 day of April, A.D. 2015.

Lance D. Scham
LICENSE NUMBE



AP IS NOT A CERTIFIED SURVEY AND HAS
EEN REVIEWED BY A LOCAL GOVERNMENT
Y FOR COMPLIANCE WITH ANY APPLICABLE
EVELOPMENT REGULATIONS