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:

X Property Line measurements are clearly identified... X 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

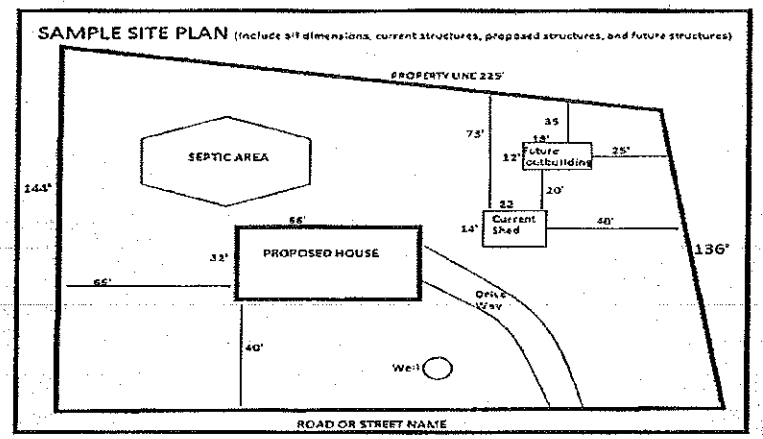
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

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

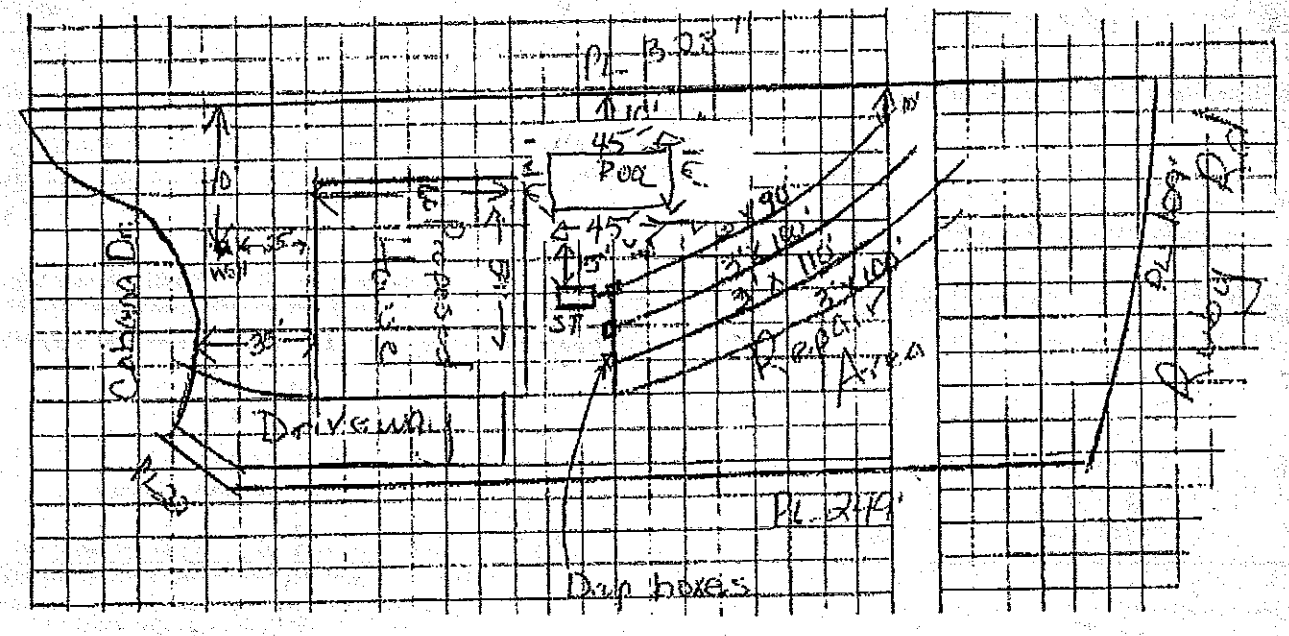
Circle N/A on the following if appropriate:

____ 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



Signature: Stacy Lop

REQUIRED property owner or owner's legal representative signature.

8/7/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PERMIT# 075217 PIN# 4636307801 PT Mark 278-0706 DATE 5/10/04

OWNER OR CONTRACTOR Mack Doll / Doll Enterprises PHONE: Business 704 202-5340 Home 202 5349

ADDRESS P.O. Box 618 / Mt Ulla, NC 28125

LOCATION Brawley School Road Tr Isle of Pines Tr Lake Hills Dr TR on Cabana lot on left

SUBDIVISION Lake Hills Estates BLOCK / SECTION 1 LOT 9 LOT AREA .70 Acre SITE CLASS PS DESIGN FLOW ~~330~~ gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 825 Date 3/1/05

Pump Tank: ____ Gallons P" ____ Date ____

Pump Make: ____ Model 1200 Serial No. 400

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 200

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V

System Description: Gravity – 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

Water Supply: [X] Individual [ ] Public [ ] Community

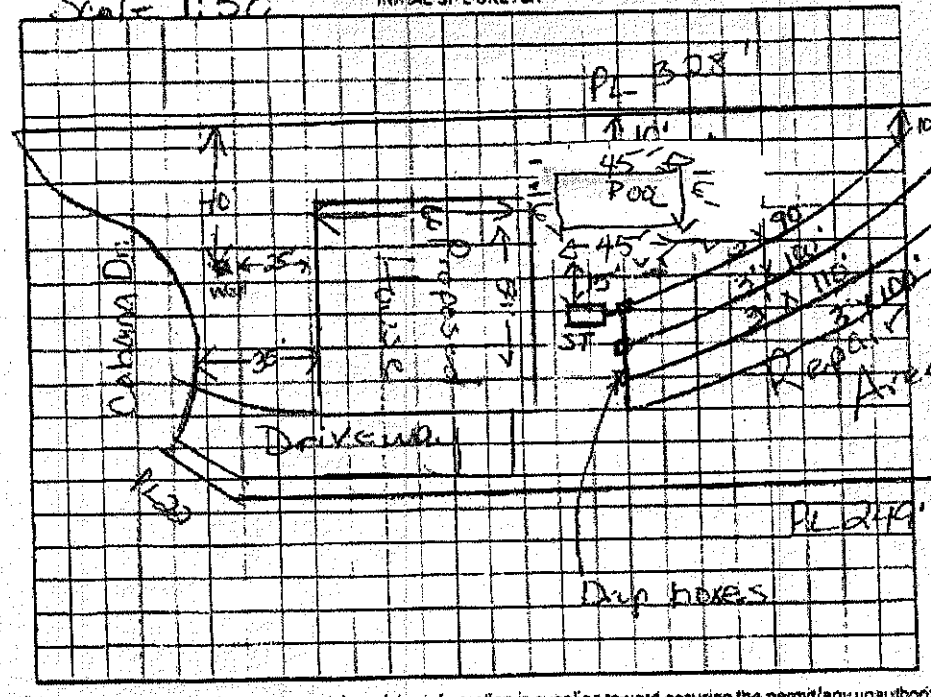
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

Comments/Conditions: Keep Septic System at least 10' from PL & 15' from Pool

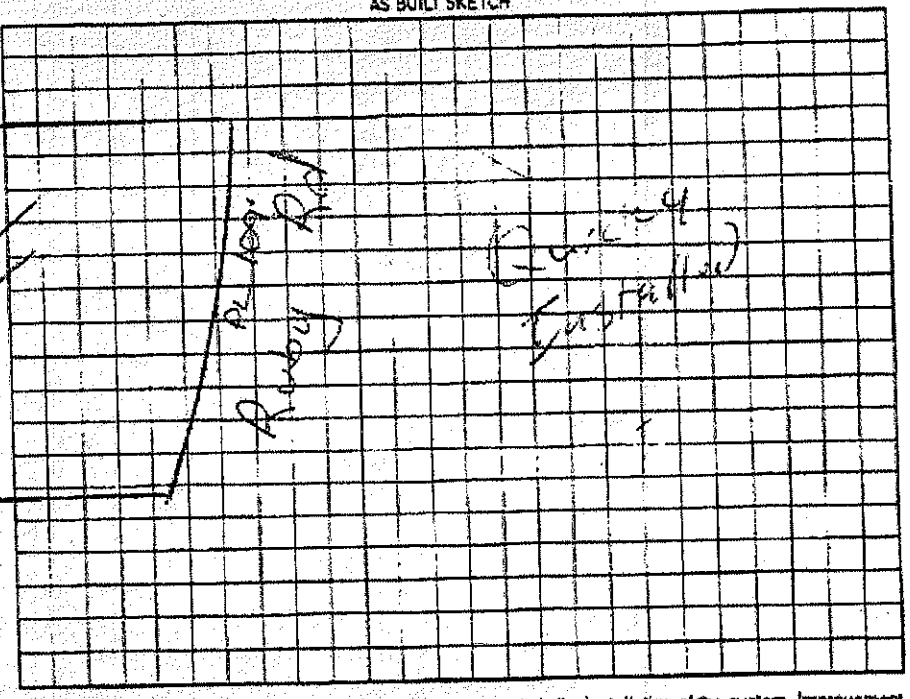
Comments/Conditions:

INITIAL SITE SKETCH

Scale 1:50



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jane M. Doll date 5/12/04

Improvement Permit by: [signature] RS date 5/10/04

Authorization to Construct by: [signature] RS date 5/10/04

Installed by: Bowen Septic

Operation Permit by: [signature] RS date 4/25/05

Existing System Inspection by: ____ date ____

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