IREDELL COUNTY HEALTH DEPARTMENT

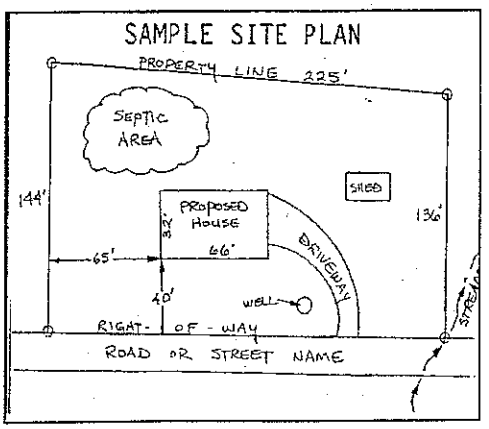
ENVIRONMENTAL HEALTH DIVISION

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 Improvement Permit

Signature: _____

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

6/9/14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16908 DATE August 26, 1993 TAX MAP NO. 2P-14-A-44

OWNER OR CONTRACTOR Kenneth W. Lewis PHONE: Business ____ Home 704 "33 1562

ADDRESS 766 Tuckaseegee Road Kannapolis NC 28081

LOCATION On Right side of Lilesville Road .913 Acres

SUBDIVISION Whippoorwill Woods BLOCK / SECTION ____ LOT 40 LOT AREA 39,669 SQ FT SITE CLASS. P LTAR 0.3

Water Supply ☒ Individual ☐ Community ☐ Public

Septic Tank 1000 Gallons, STB ____ Date ____

Pump Tank ____ Gallons, PT ____ Date ____

Distribution Field, No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 3' Trench Depth 24" Gravel Depth 12"

☒ New System ☐ Repair System Type I, II, III, IV, V

System Description Conventional

Repair System Description ____

Maintenance Agreement Required ☐ Yes ☒ No

☒ House/Mobile Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other ____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher ☒ Yes ☐ No

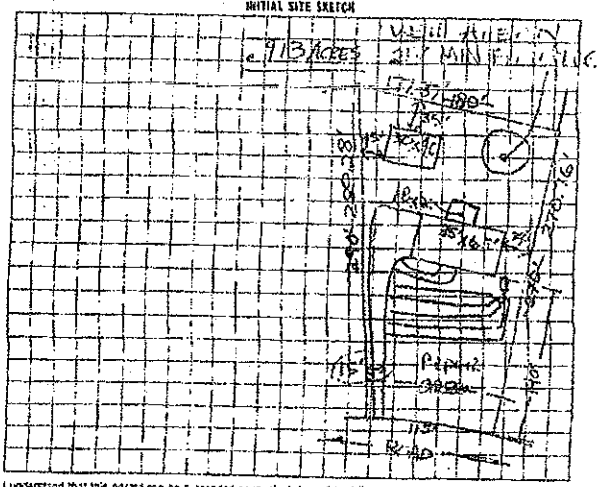
Auto. Washing Machine ☒ Yes ☐ No

Other ____

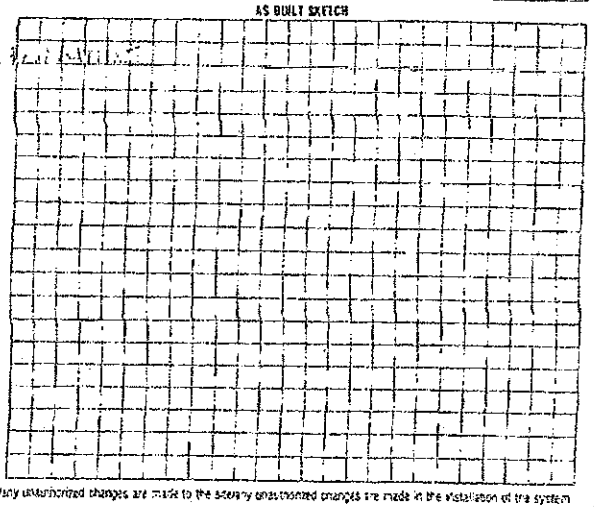
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments DO NOT INSTALL DRIVE NET TILL CONDITIONS ARE MIN. CALL TAPP IF DESIRE A CHANGE ALL 4 X 12

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing this permit any unauthorized changes are made to the system any unapproved changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance

Signed: ____

Improvement Permit by [signature] date 8-26-93

Existing System Inspection by ____ date ____

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

Lot 44 - Whippoorwill Road. 0.413 AC

