IREDELL COUNTY HEALTH DEPARTMENT

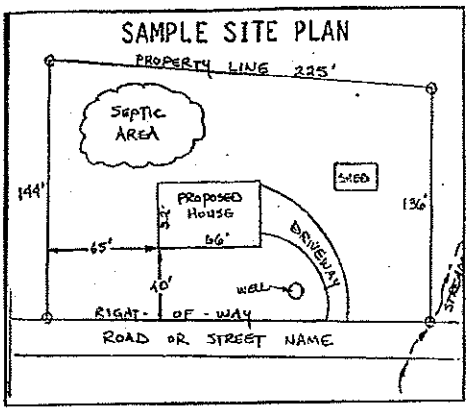
ENVIRONMENTAL HEALTH DIVISION

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

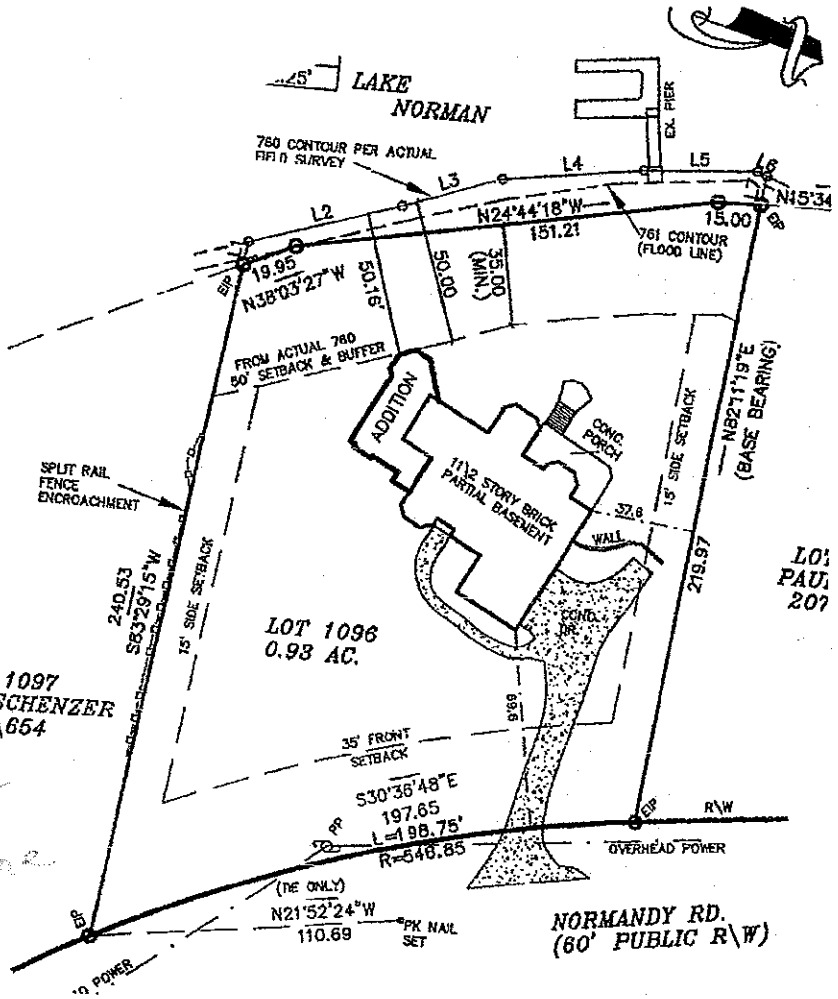


Circle N/A on the following if appropriate:

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



46' to Front
29 to Sideline

Signature: _____

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

11/24/2015
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

PROPERTY DESCRIPTION NO. 24501 DATE 2P 4A 124 TAX MAP NO. 4638 42 8726 6/15/99 Watershed: ☐ Yes ☐

OWNER OR CONTRACTOR Floyd DuBois PHONE: Business Home 937-434-1978

ADDRESS 5719 Rockingham Dr. Dayton Ohio 45429

LOCATION Normandy Rd. to 4th lot on (R) past Doolittle Lane - opposite Airplane Ct.

SUBDIVISION CL+T BLOCK / SECTION 11 LOT 1096 LOT AREA .92 AC. SITE CLASS 35 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB #25 Date 4-1-99

Pump Tank: 1000 Gallons; PT 47 Date 4-5-99

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: Pres Man — C+T Plastic or HDS

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

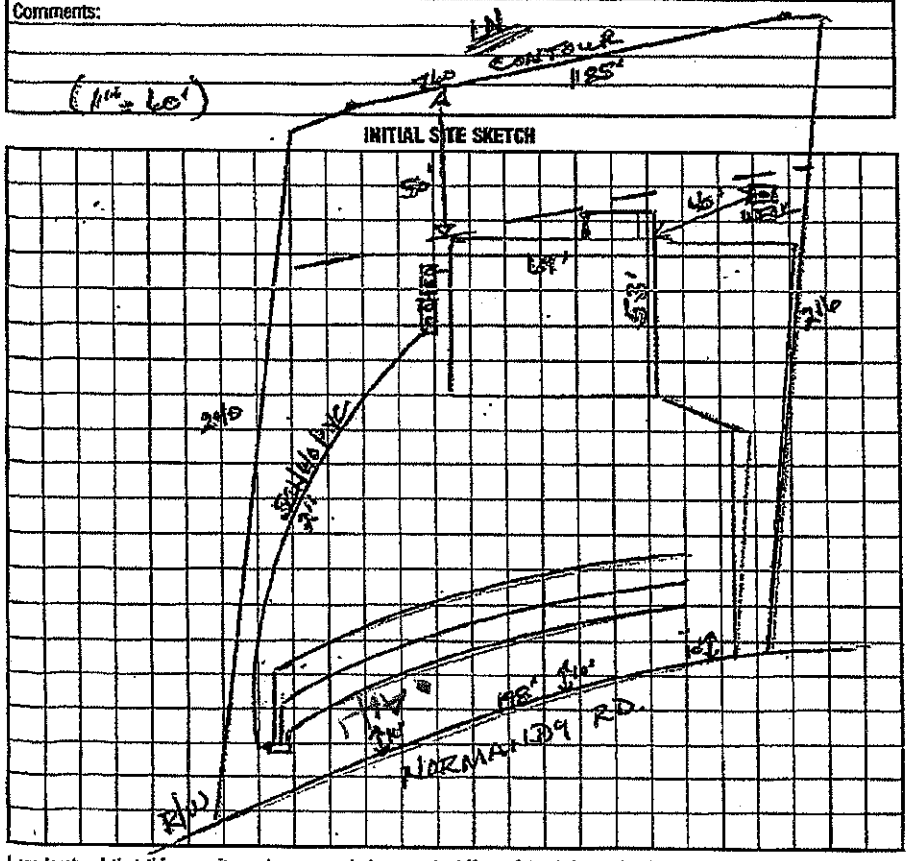
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

(1" = 60')

INITIAL SITE SKETCH



Comments:

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: [signature]

Improvement Permit by: Wesley Sparks R.S. date 6/15/99

Existing System Inspection by: Wesley Sparks R.S. date 6/15/99

Installed by: Wayne Clontz

Certificate of Completion by: Wesley Sparks R.S. date 8/3/99

Operation Permit by: Wesley Sparks R.S. date 8/3/99

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