IREDELL COUNTY HEALTH DEPARTMENT

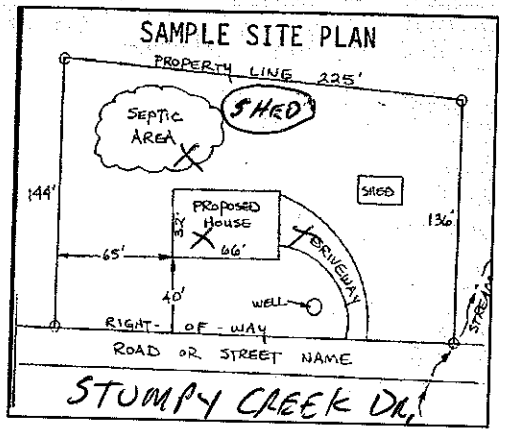
ENVIRONMENTAL HEALTH DIVISION

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 APPLICATION

Signature: Michael Bank

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

4-28-14

DATE

9:30

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. 23211 DATE Sept. 3, '96 TAX MAP NO. part of 25A80 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR James M. Harper PHONE: Business 478-3766 Home 4638-78-1974

ADDRESS 161 Lakefront Dr. ; Catawba N.C.

LOCATION South 150 N. of Stumpy Creek Rd. on left

SUBDIVISION Hailesworth BLOCK / SECTION 7th LOT 7 LOT AREA .58Ac SITE CLASS. 05 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 780 Date 7/29/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 3+2 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity/chamber mod

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

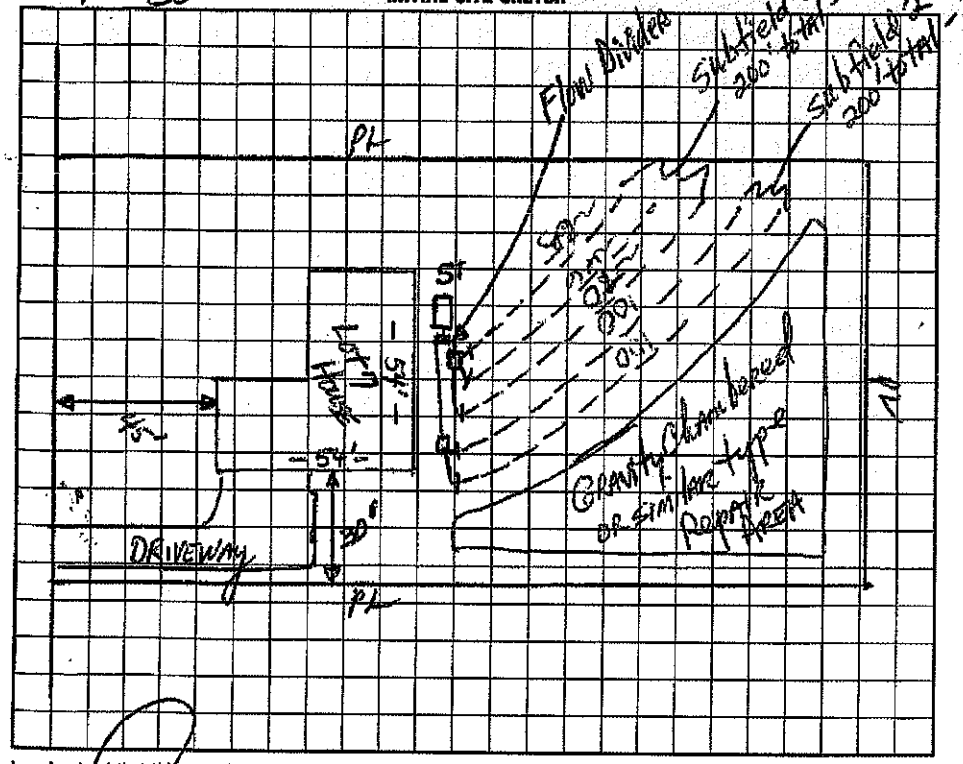
Water Supply: ☐ Individual ☑ Community ☑ Public

Comments: Tank & lines inspected MD FD & D-boxes checked

Comments:

1"=50'

INITIAL SITE SKETCH



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.

Signed: James M. Harper

Improvement Permit by: Jan R. Hinson, RS date 9-3-96

Construction/Repair System Inspection by: D R Hinson, RS date 9-3-96

Installed by: Kennedy Grading

Certificate of Completion by: Maintenance Tech date 9/23/97

Operation Permit by: Maintenance Tech date 9/23/97

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