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…
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:

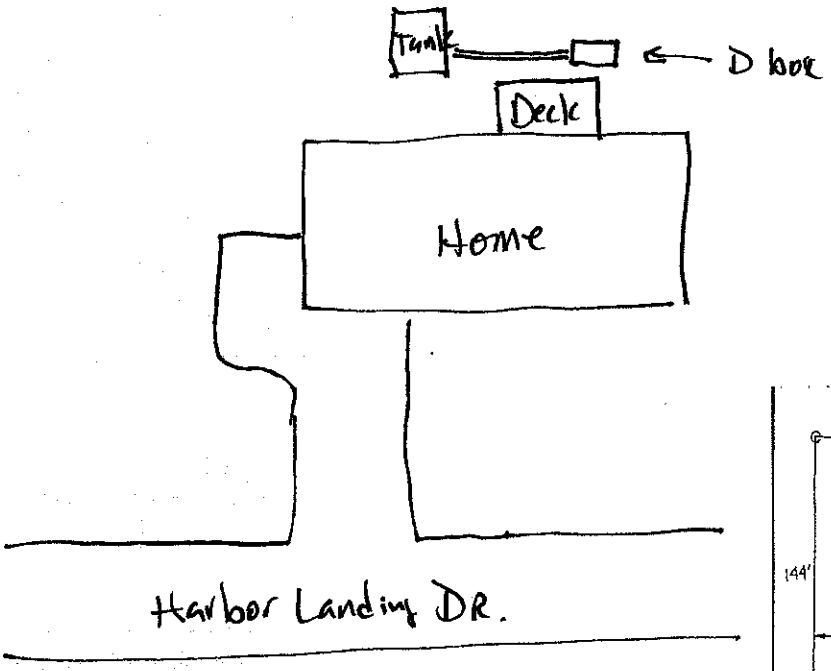
___ Location of septic systems and wells within 100' of your property… N/A
___ Location of easements and rights of ways on your property… N/A
___ Location of any designated wetlands on the property… N/A

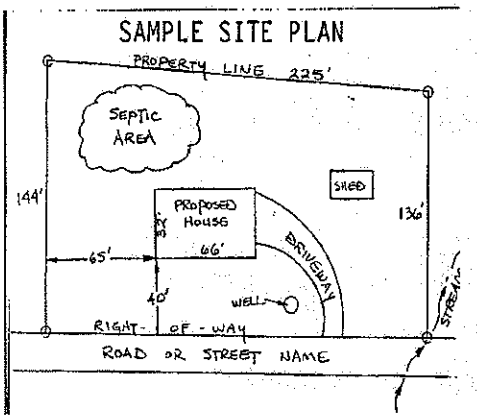
Signature: _____
REQUIRED property owner or owner's legal representative signature.

11/15/13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Stepped through top of distribution box. Stanley Environmental recommends new distribution box.





IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072768 PIN# ~~4638-39-7345-50~~ 4638-88-7532 DATE Nov. 21, '98

OWNER OR CONTRACTOR Humpy Creek LLC PHONE: Business _____ Home _____

ADDRESS 614 N Main Salisbury 28144

LOCATION 150 W. TR Park Rd TR Harbor Landing Dr. Bear left on left

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 14 LOT AREA 23,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date 10/26/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: GRAVITY 25% Reduction w/ Innovative

Repair System Description: pumped-25% Red. w/ Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

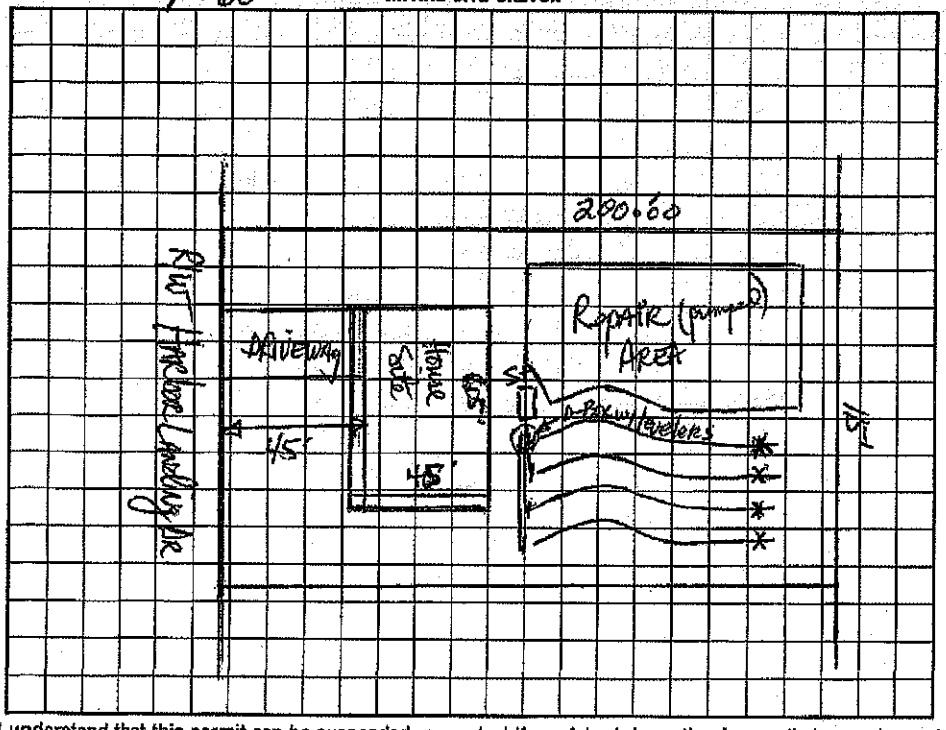
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL. Remove any old building, fences.

Comments:/Conditions:

1"=60'

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. 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: _____ date 11/25/98 Installed by: R+H Inc.

Improvement Permit by: _____ date 11-24-98 Operation Permit by: _____ date 4/17/00

Authorization to Construct by: _____ date 12/11/98 Existing System Inspection by: _____ date _____

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