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:

_____ 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

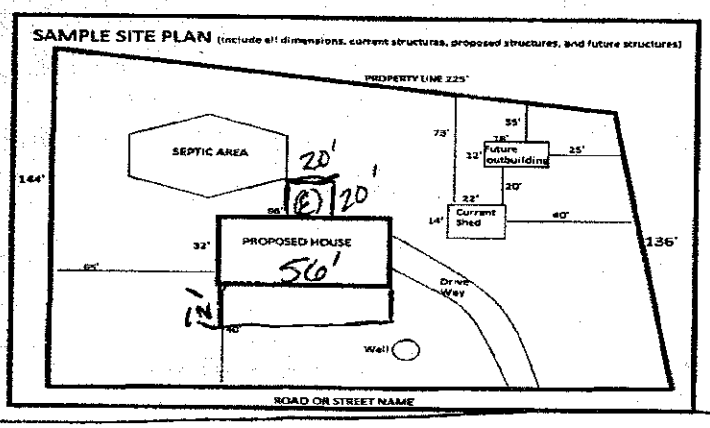
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**



175'

USE THIS SPACE TO DRAW YOUR SITE PLAN

LAKE

Septic Tank & Lines

Deck 22'

Existing Home 20'

(E) Garage

Existing Home

56'

ADD ON

199'

206'

Driveway

152'

Signature: Sandra C. Atheson Keen Way Loop. 8/21/15

REQUIRED **property owner or owner's legal representative signature.** **DATE**

4639403599

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Crowley DATE 3-19-99 PERMIT NO. 63

PHONE Business _____ Home 919-425-6700

LOCATION 1505 I 2 on 1300 I 2 on 1400 ft on 138

_____ S. R. No. _____

SUBDIVISION NAME L M _____ LOT NO. 10 SECTION OR BLOCK NO. 5

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 3/4 ac

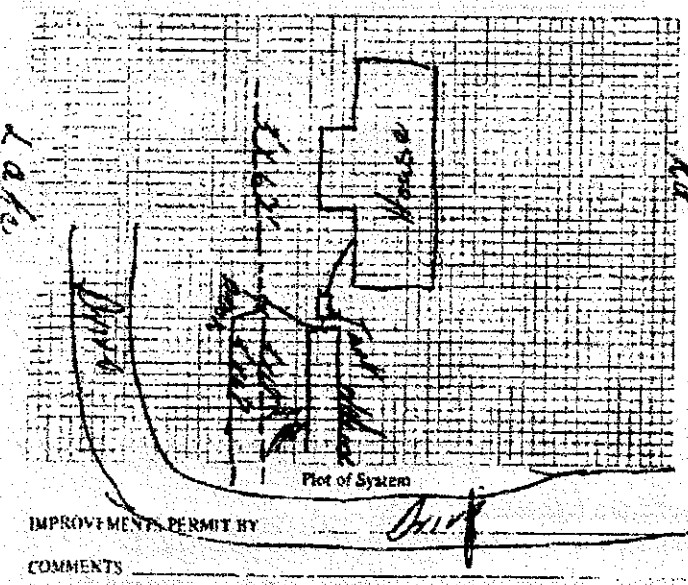
Character & Porosity of Soil Clay loam

Percolation Rate 60 min/in

Topography Slope

Depth to Water Table Cool

Rock or other impervious formations None



Size of Tank Existing 1000 Gals.

Nitrification Field

No. of Lines 3

Sq. Ft. 200 Linear Ft 200

Depth of Stone or Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Sam Rhodes

IMPROVEMENTS PERMIT BY Bill

COMMENTS _____

CERTIFICATE OF COMPLETION BY John Houston DATE 3-18-99

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept Copy White Inspection Dept Copy Yellow Sanitarian's Copy Pink Owner's Copy Gold