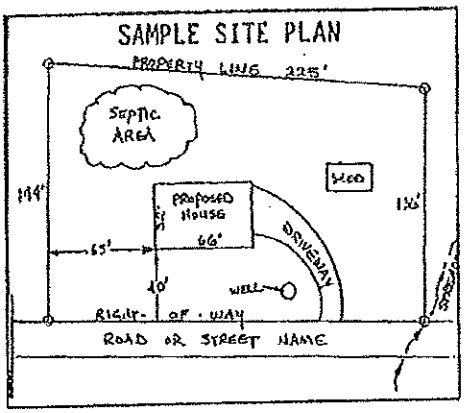
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

E THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR OMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

:e 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

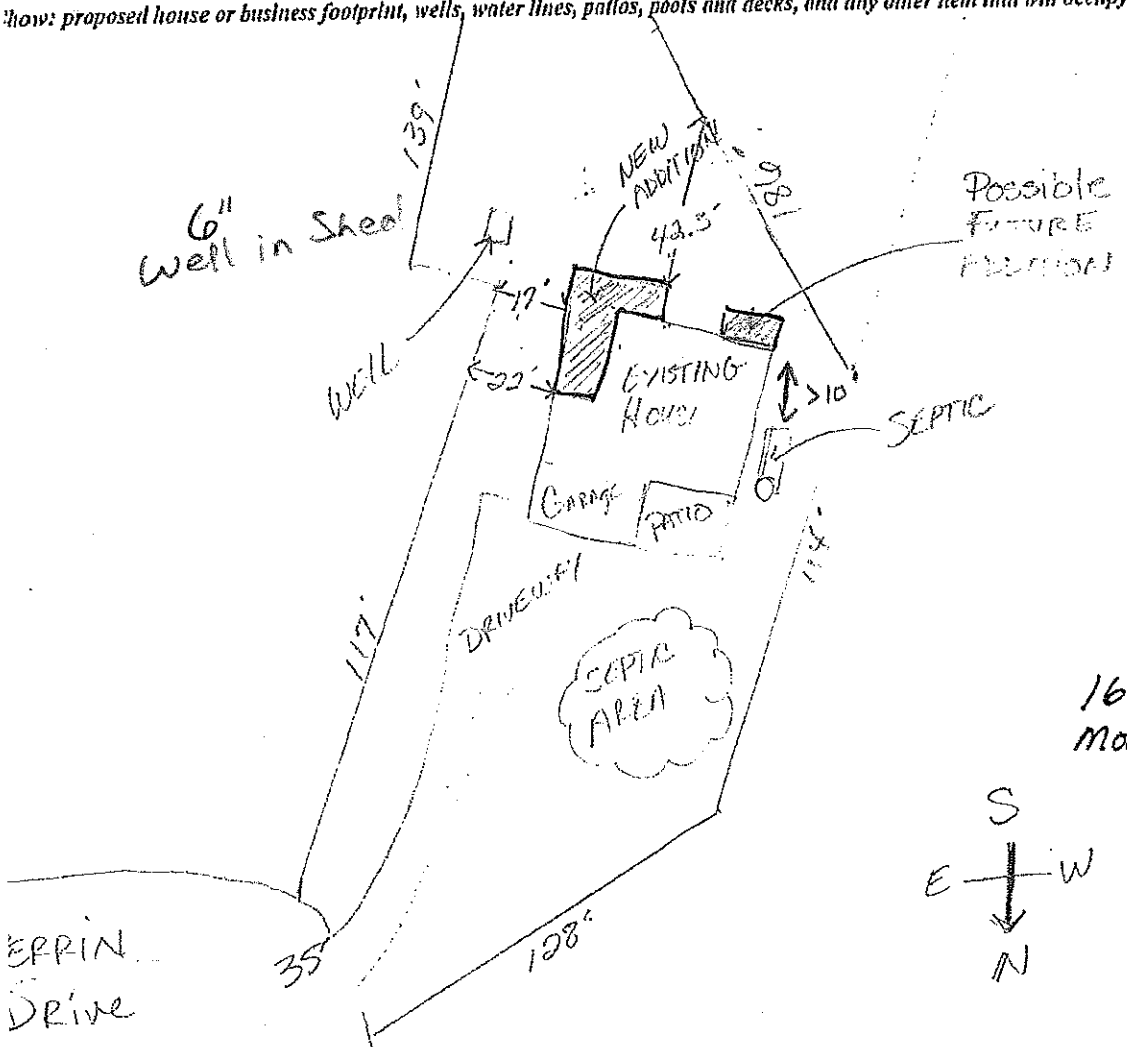


cle N/A on the following if appropriate:

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

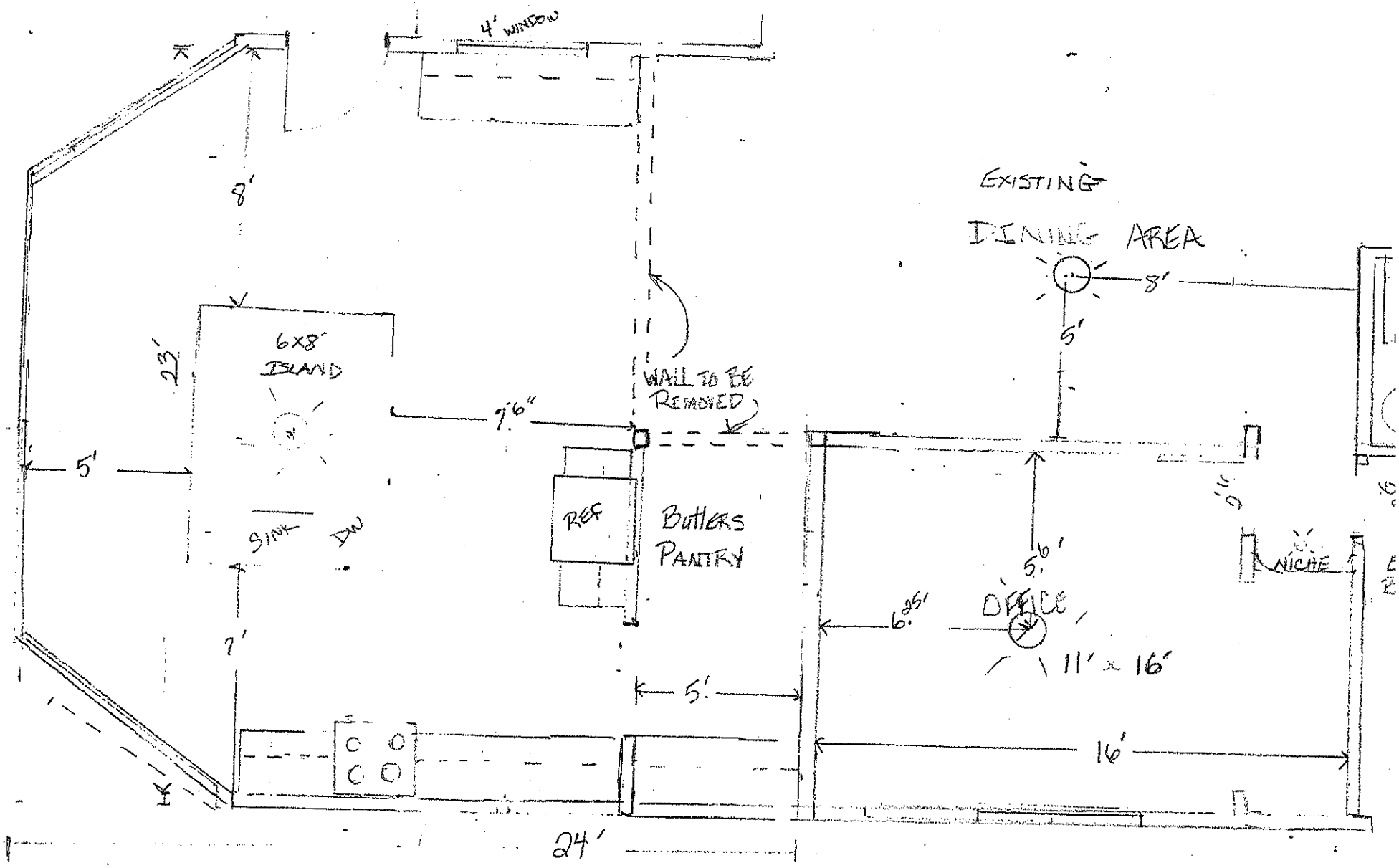
how: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



169 PERRIN DR
MOORESVILLE NC 28117

gnature: Cheryl B Cornwell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/4/15
DATE



407
+176
583

1/4" = 1'

40'

169 PERRIN DR.
MOORESVILLE, NC 28117

IREDELL COUNTY HEALTH DEPARTMENT 4645-56-0132

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard Roberts DATE 5-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 TR 1206 (Alcove) TR into Water's Edge on left in curve (beside Perry Waters house) S. R. No. _____

SUBDIVISION NAME WATERS EDGE LOT NO. 22 SECTION OR BLOCK NO. 2

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

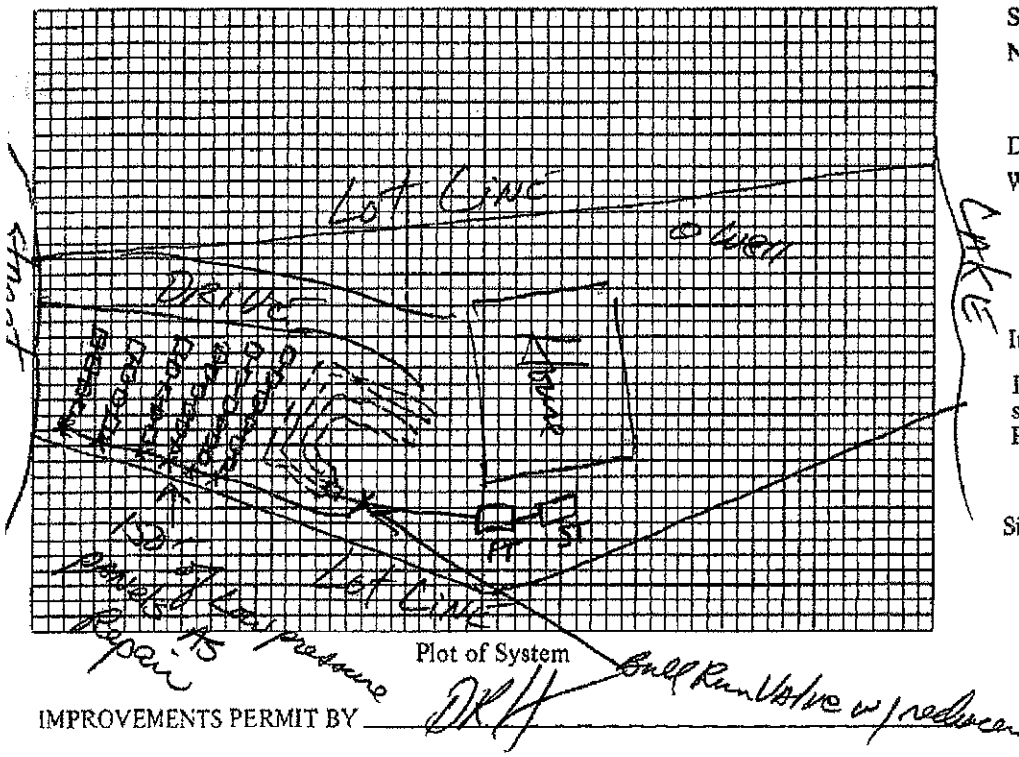
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	shallow clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 in 3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6 %	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	24-36" +	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Existing pump tank



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines 16" T&J
Water Supply: Individual (✓) Public ( )

pANels

Installed by A. Ervin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DH

Ball Run Valve w/ reducers

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____, R.S. DATE 5-21-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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