IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

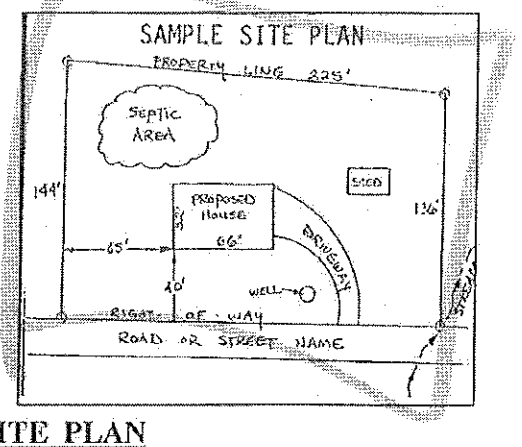
PAGE 2: *SITE PLAN WORKSHEET*

211306

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:

(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
(X) North arrow, or other sufficient indicator of direction

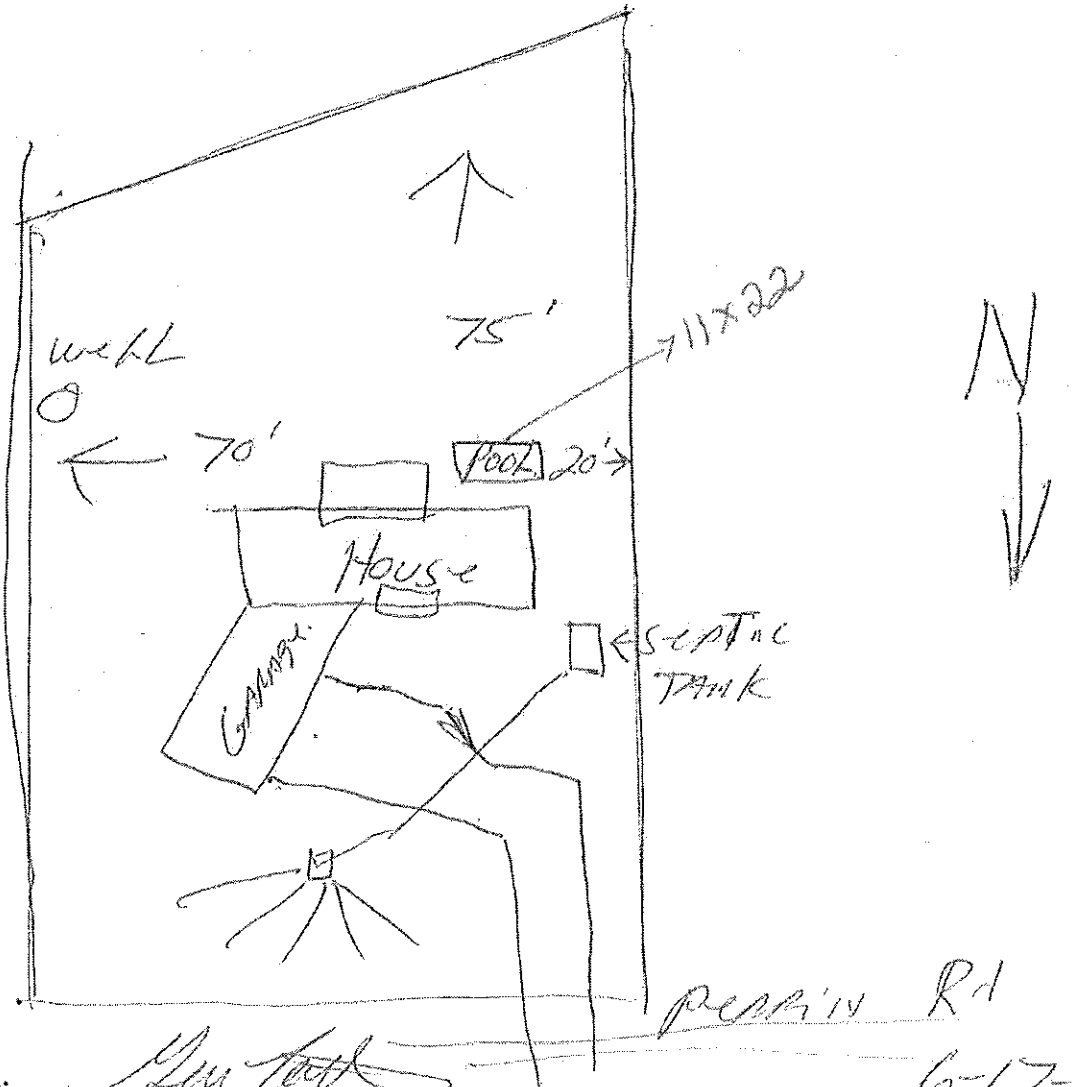


Circle N/A on the following if appropriate:

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



Signature: _____ 6-17-15

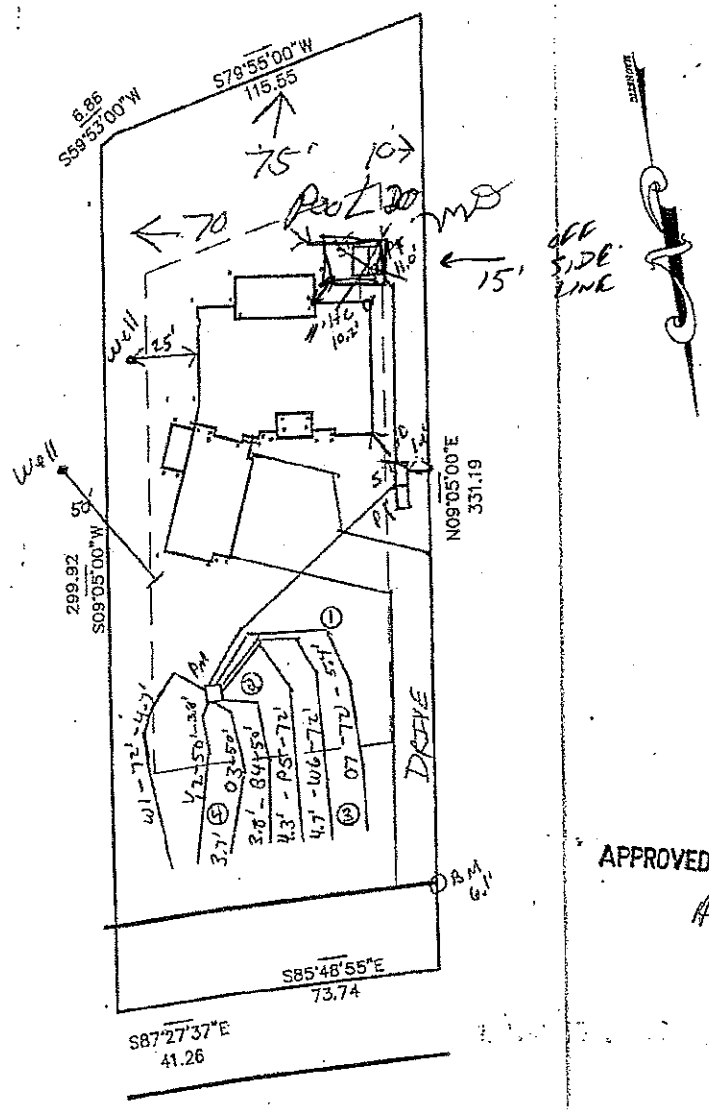
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
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(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book_____, page_____, that the ratio of precision is 1:10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the _____, day of _____, A.D. 20_____.

WILLIAM M. ALLEN, PLS

22 x 11



APPROVED AUG 06 2014
ALP

PLOT PLAN SURVEY
OF
LOT 2 WATERS EDGE

SCALE 1" = 50'

ACQUIRED BY:

FIELD BOOK:
FILE:
DC FILE:
TAX MAP NO: