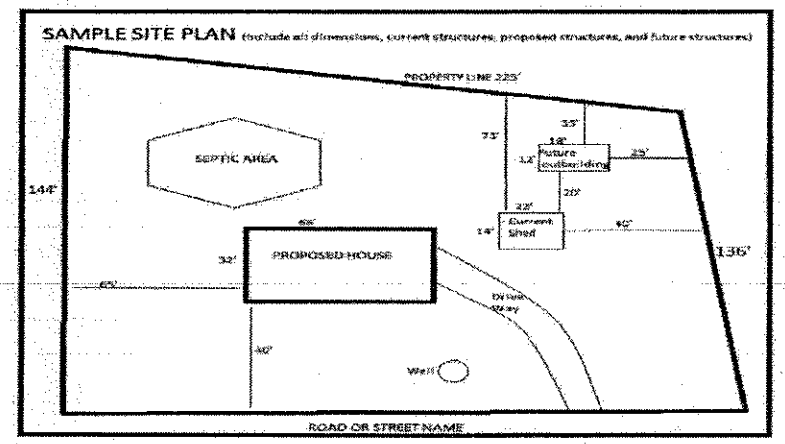
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

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*!!!

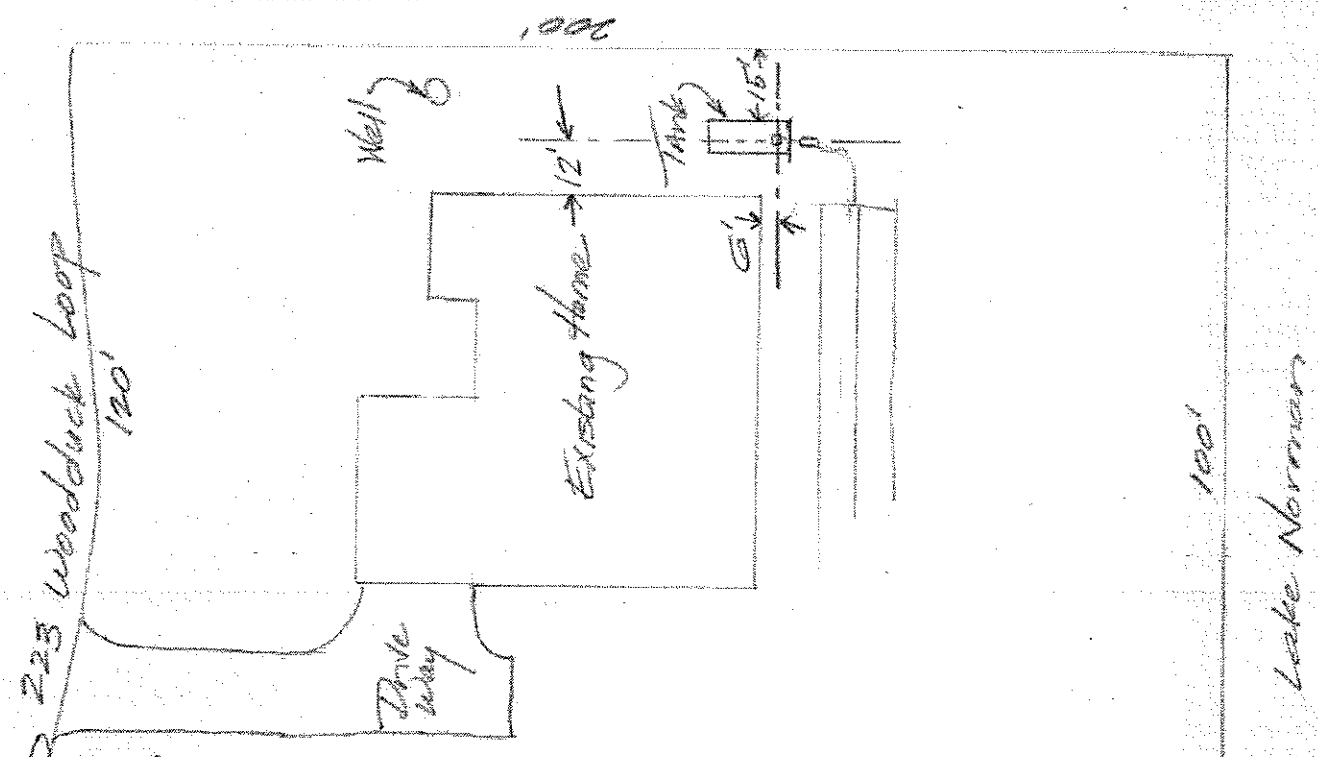
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Linda Davis - POA _____ 11/7/16
***REQUIRED* property owner or owner's legal representative signature.** **DATE**

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 Bowman Davis Inc DATE 2-28-78 PERMIT NO. _____

PHONE: Business _____ Home 663-4414

LOCATION 1403 Rt on 1127 Rt on 1302 E

S. R. No. _____

SUBDIVISION NAME Lake Shore 2 Sec LOT NO. 25 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2 Ac

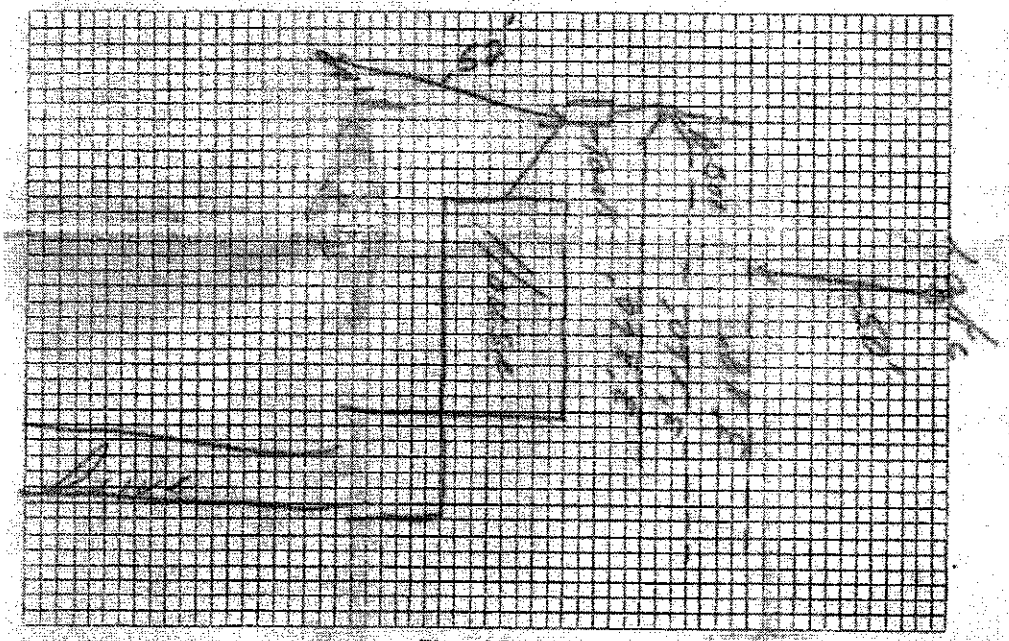
Character & Porosity of Soil Sandy Clay Loam

Percolation Rate Less than 60

Topography Slight Slope

Depth to Water Table 2 ft - 4 ft

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 2-28-78

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