IREDELL COUNTY HEATLH DEPARTMENT

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:

Lot 20
Indian Forest

- ✓ **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…**

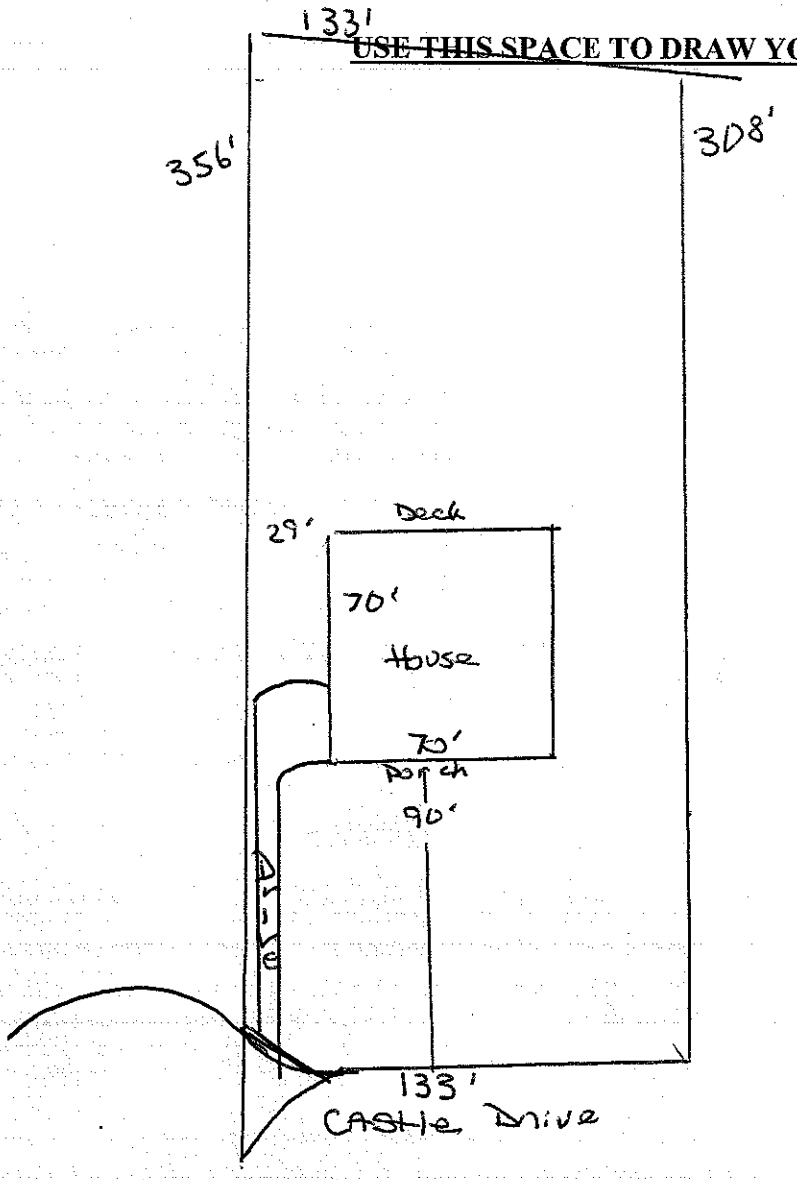
Circle N/A on the following if appropriate:

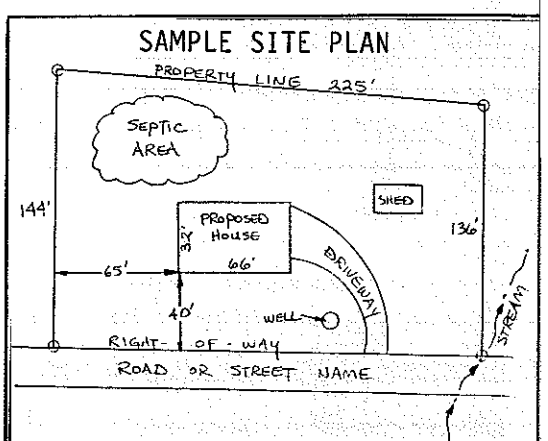
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

Signature: T. Whitaker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/8/07
DATE

~~USE THIS SPACE TO DRAW YOUR SITE PLAN~~





IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142766 214794 PIN# 4648-13-6028

OWNER OR APPLICANT FRRP LEASING, INC DATE 6-16-2007

ADDRESS 2451 SIMONTON ROAD STATESVILLE, NC 28625 PHONE: Business % 704-830-4344 Home % 704-866-9540

LOCATION BLUEFIELD ROAD TO BIG INDIAN LOOP, TR' CASTLE DRIVE, LOT NEAR END ON RIGHT

SUBDIVISION INDIAN FOREST BLOCK / SECTION ____ LOT 20 LOT AREA 1.13 ACRES SITE CLASS. PS' DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 500

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

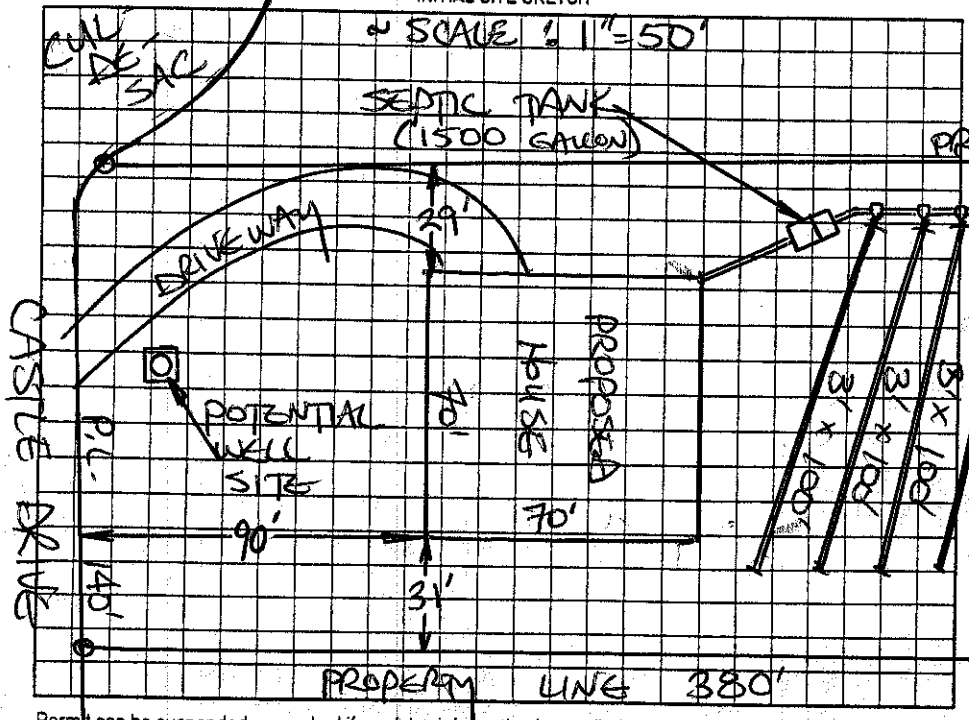
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

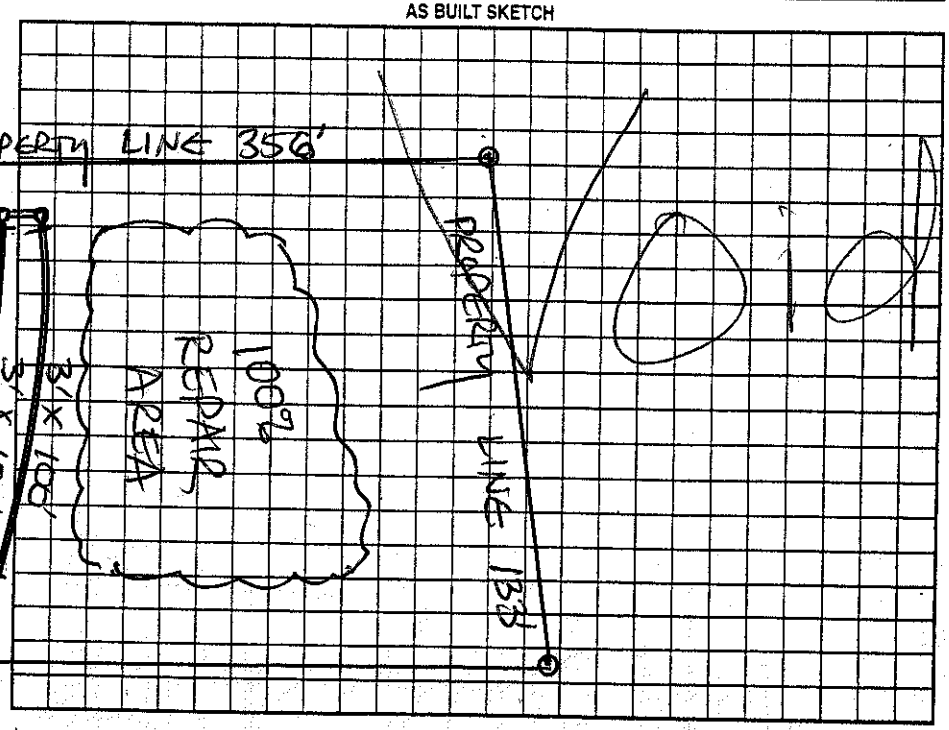
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR, NO DEEPER THAN 36", USING SERIAL DISTRIBUTION ② REMOVE EXISTING FIELD TERRACES

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 plan 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: [signature] date 6-19-07 Installed by: ____

Improvement Permit by: STEVE HEDRICK date 6-16-07 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: ____ date ____

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