IREDELL COUNTY HEALTH DEPARTMENT

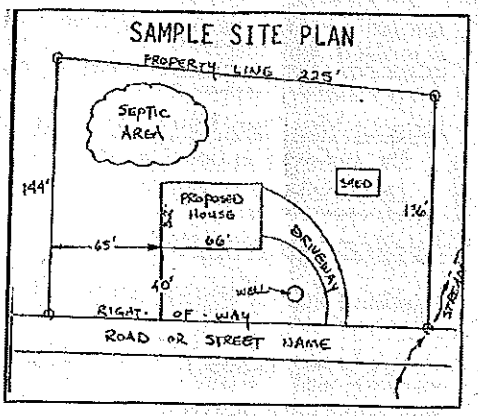
ENVIRONMENTAL HEALTH DIVISION

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:

- (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
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

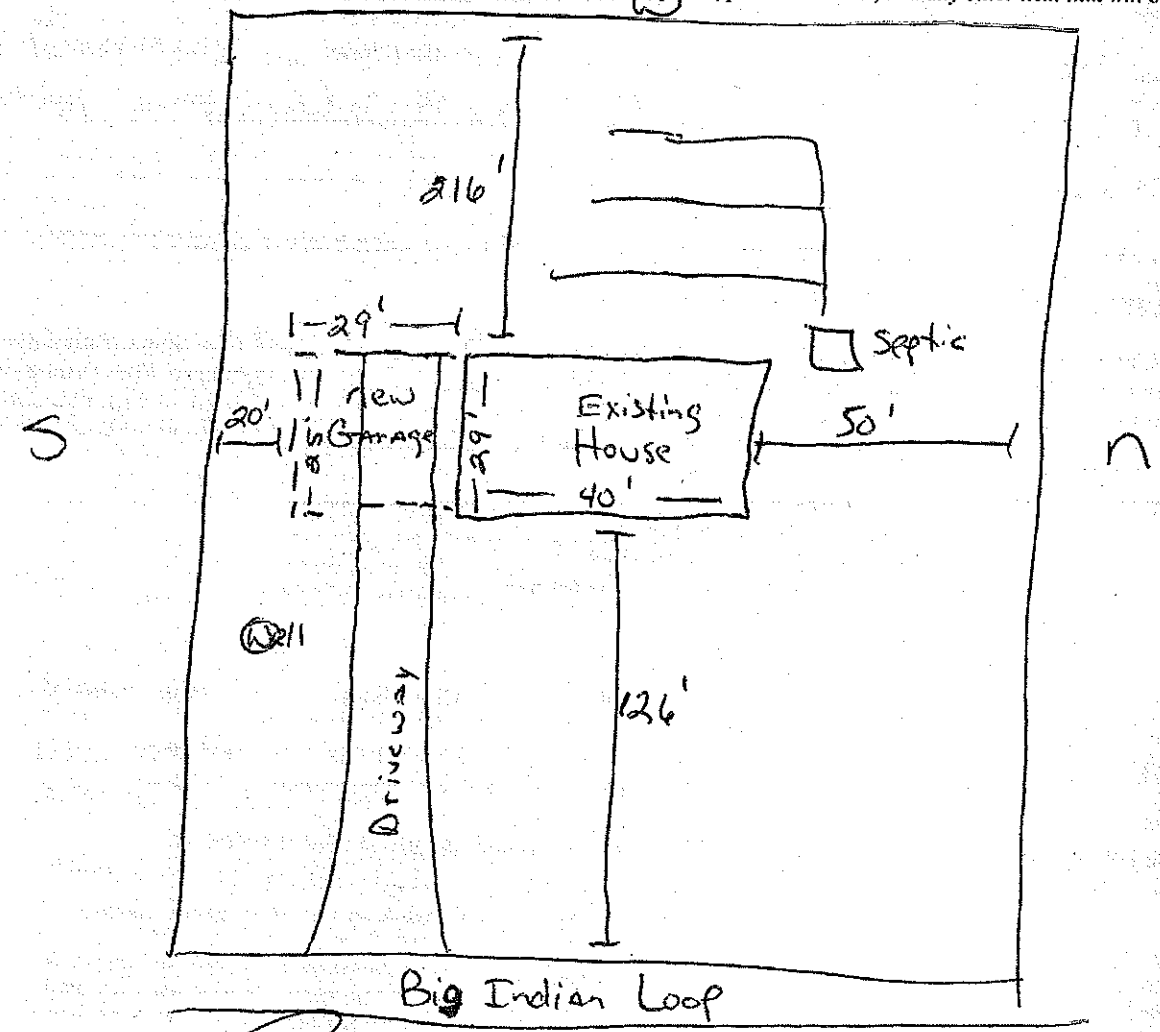


Circle N/A on the following if appropriate:

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

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: _____ 4-20-15

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

E

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072398 PIN# 4648 45 2031 4648-45-2031

OWNER OR CONTRACTOR WILLIAM HAMBLIN PHONE: Business _____ Home _____ DATE 1/21/99

ADDRESS 2370 HARRISON AVE ST ALBANS WV 25177

LOCATION BLUEFIELD. TL Bluefield - RT AT FORK - ON LT

SUBDIVISION INDIAN HILL BLOCK / SECTION 2 LOT 30 LOT AREA .108ac SITE CLASS E DESIGN FLOW 360GPD T.A.R. .5 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 12-16-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CONV CHAMBERS 4@75

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ NO

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

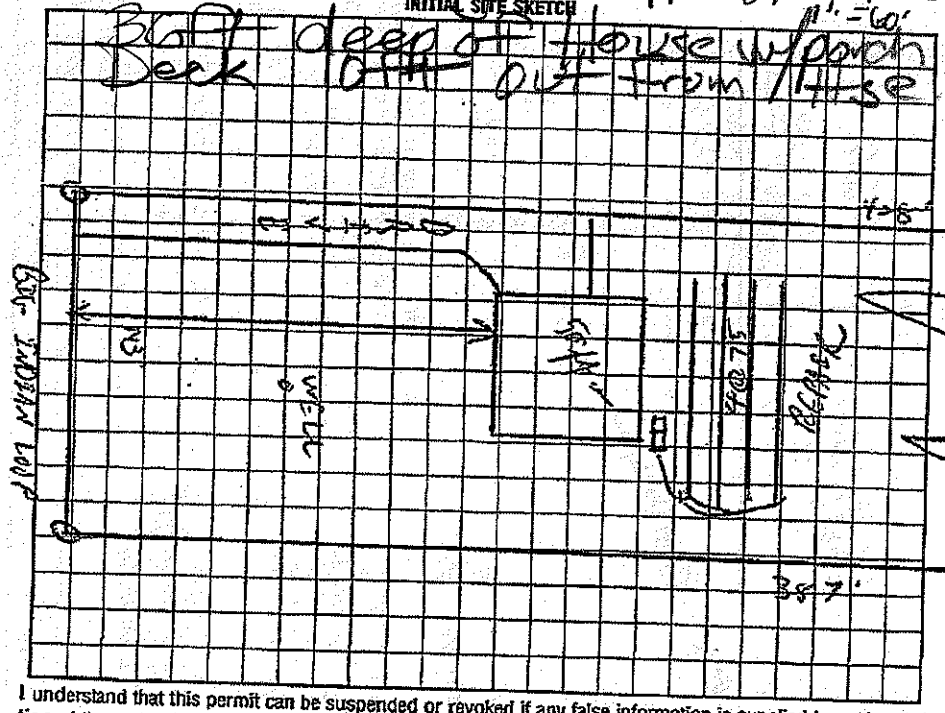
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

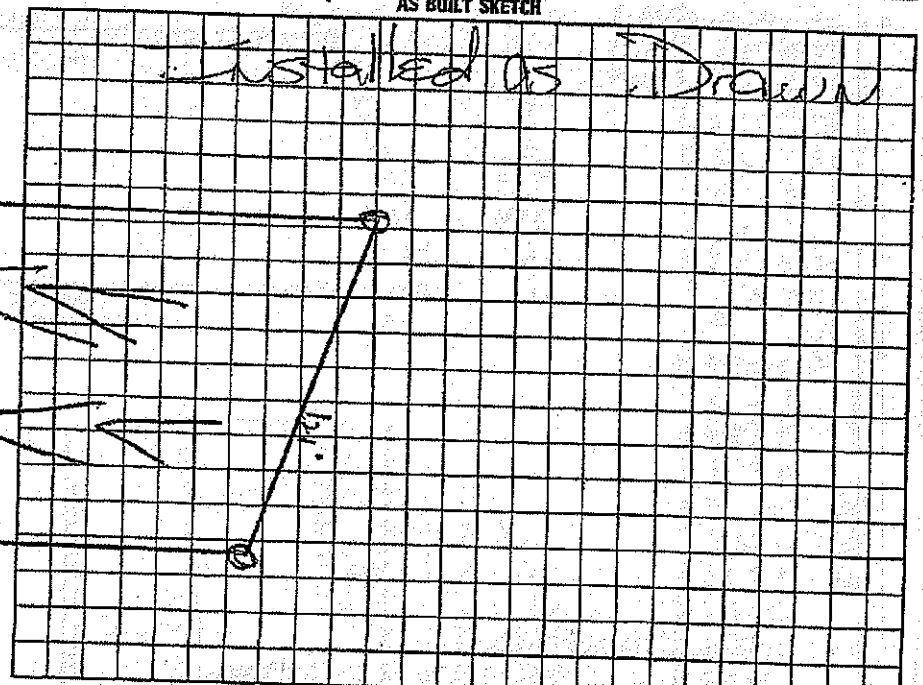
Comments/Conditions: Well Not installed at time of INSPECTION. 22FT from Garage to upper trenching MD

Comments/Conditions: Installed 5 Risers 5T 7FT from house Tied up parrarel to Deck

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 plat 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: Ward Cain

Improvement Permit by: C. [illegible] date 1/26/99

Authorization to Construct by: C. [illegible] date 1/21/99 1/21/99

Installed by: Johnson Complete Landscaping

Operation Permit by: Maria [illegible] Johnson date 1/27/99

Existing System Inspection by: _____ date _____

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