## 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:**

- X — **Property Line measurements are clearly identified…**
- X — **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:** Ron Lucker

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

1-21-15

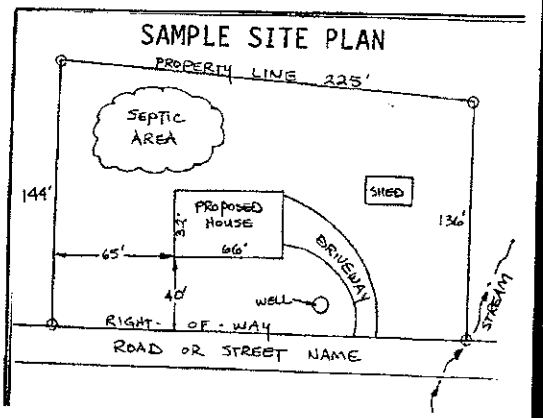
**DATE**

## USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

per [redacted]

Justin



# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1281602 PIN# 4659659370

OWNER OR CONTRACTOR Ronald Tucker PHONE: Business 663-3544 Home 663-0121 DATE 6-24-05

ADDRESS 155 Staff Ln Mooresville NC 28115

LOCATION Hwy 115 North TR Shepherd Rd TL Staff Ln on left almost at end

SUBDIVISION Shepherds Field BLOCK / SECTION ____ LOT 7 LOT AREA 1.41 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/9/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

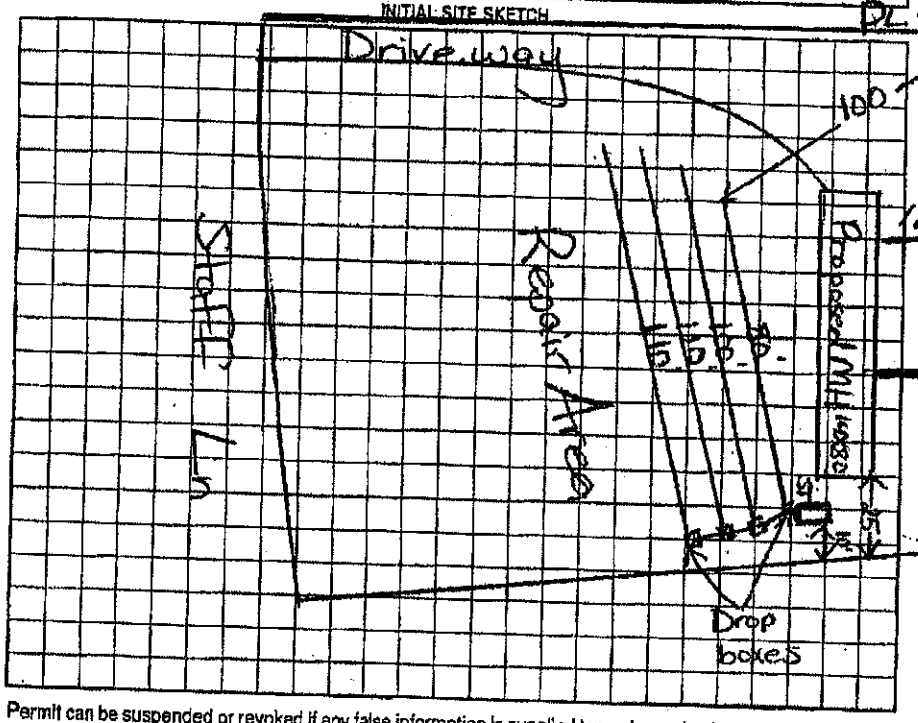
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☒ Individual Shared ☐ Public w/Neighbor ☐ Community

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

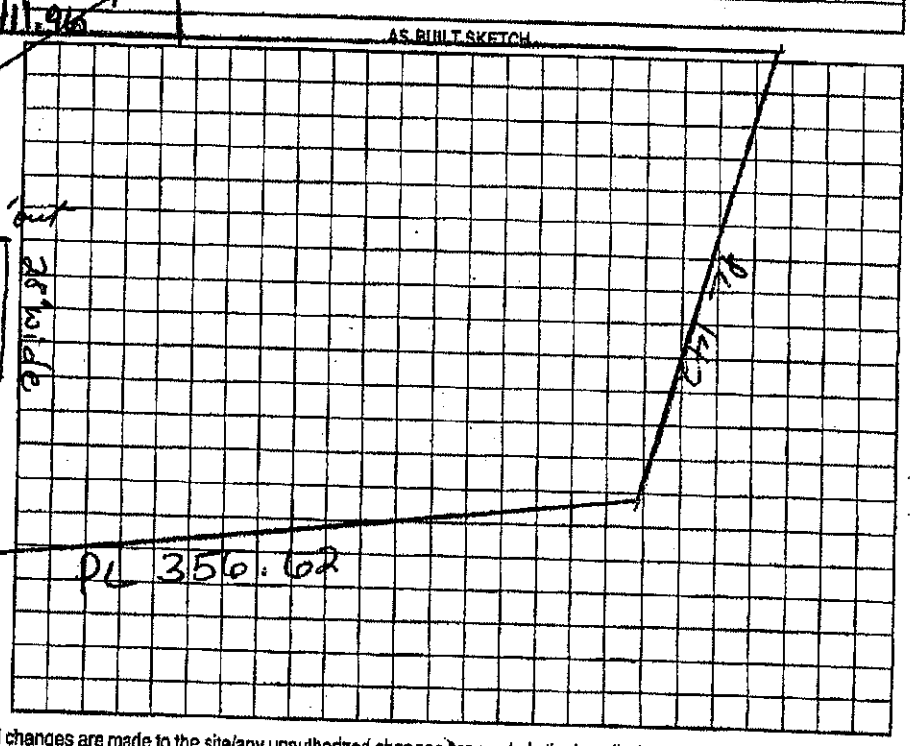
Comments/Conditions: Keep Septic System 10' From PL @ 100' to well

Scale 1:50




Comments/Conditions: Where deck is

existing well




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 without 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: R Tucker date 6-24-05

Improvement Permit by: Maisa Hill Dolgan RS date 6/24/05

Authorization to Construct by: Maisa Hill Dolgan RS date 6/24/05

Installed by: Larry Beam

Operation Permit by: [signature] RS date 7/6/05

Existing System Inspection by: ____ date ____

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