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:

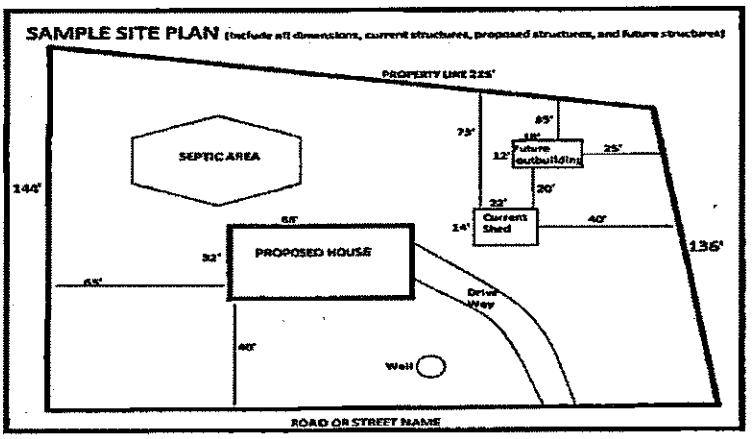
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**

***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...**
- N/A **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**
- N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

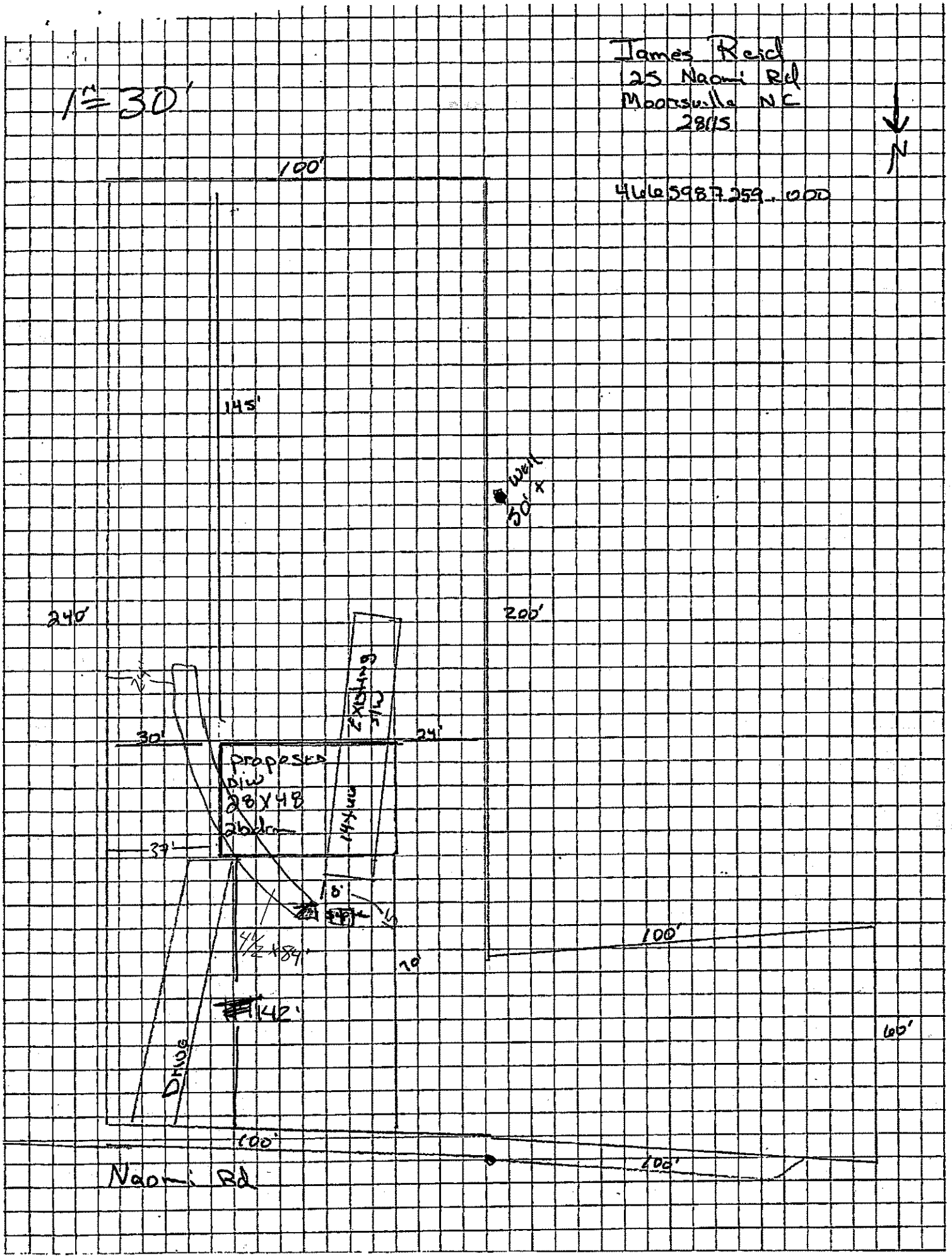
See attached

Signature: Scott Smith

***REQUIRED* property owner or owner's legal representative signature.**

10/22/20

DATE


1" = 30'
James Reid
25 Naomi Rd
Mocksville NC
28115
N
4466 59 87.259 -.000
100'
145'
well
50' x
240'
200'
24'
30'
proposed
DW
28 X 48
2 bdrm
37'
5'
100'
79'
142'
60'
100'
100'
Naomi Rd

4665987259

11031

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 James E. Reid DATE Feb. 12, 1990 PERMIT NO. 1E-3-A-11

PHONE: Business _____ Home 663-6403

LOCATION Cobble Crk. Rd. TR 1147 TR Naomi Rd. At end on left Next to last trailer on left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Existing system

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil —

Percolation Rate —

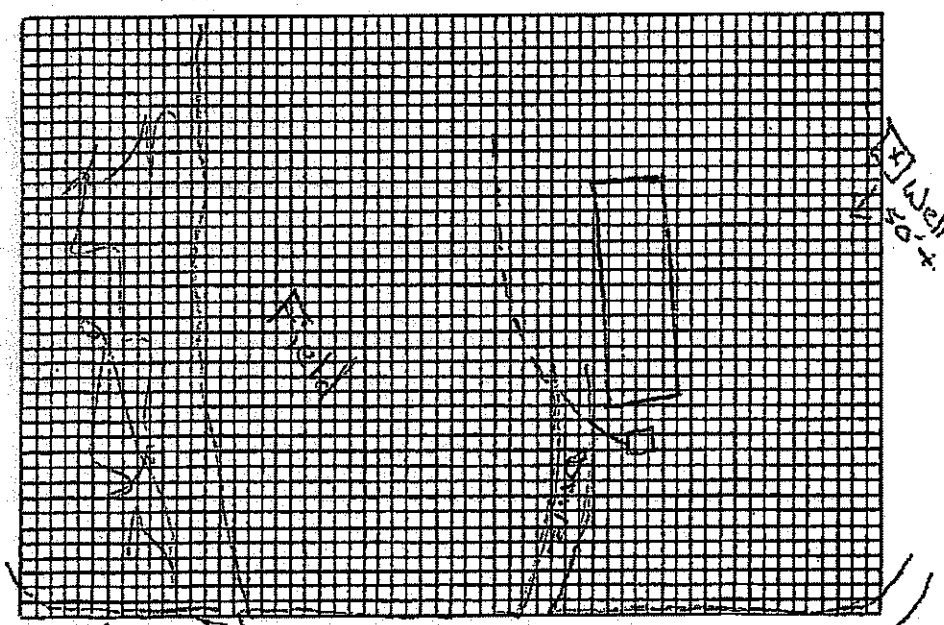
Topography —

Depth to Water Table —

Rock or other impervious formations —

Lot Area .71 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: —

No. of Lines _____

Sq. Ft. — Linear Ft. —

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed James E. Reid

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Appears to be working properly due only to no effluent noted on the surface of the ground.

Replacing 12x65 3Bdr. with 14' x 68 2Bdr.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold