IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

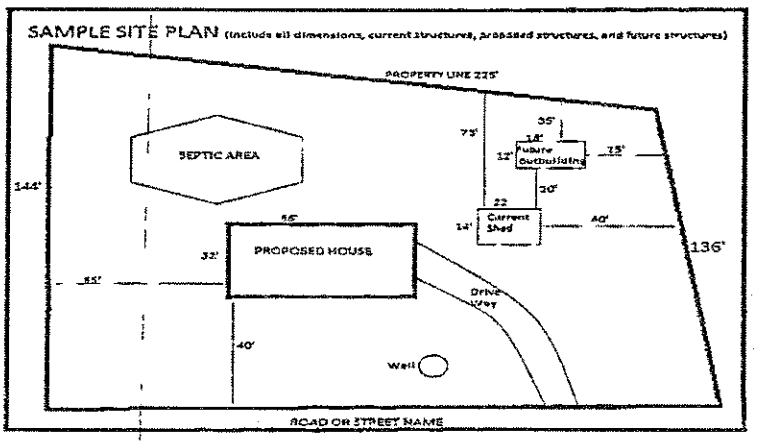
SITE PLAN WORKSHEET

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!!!*

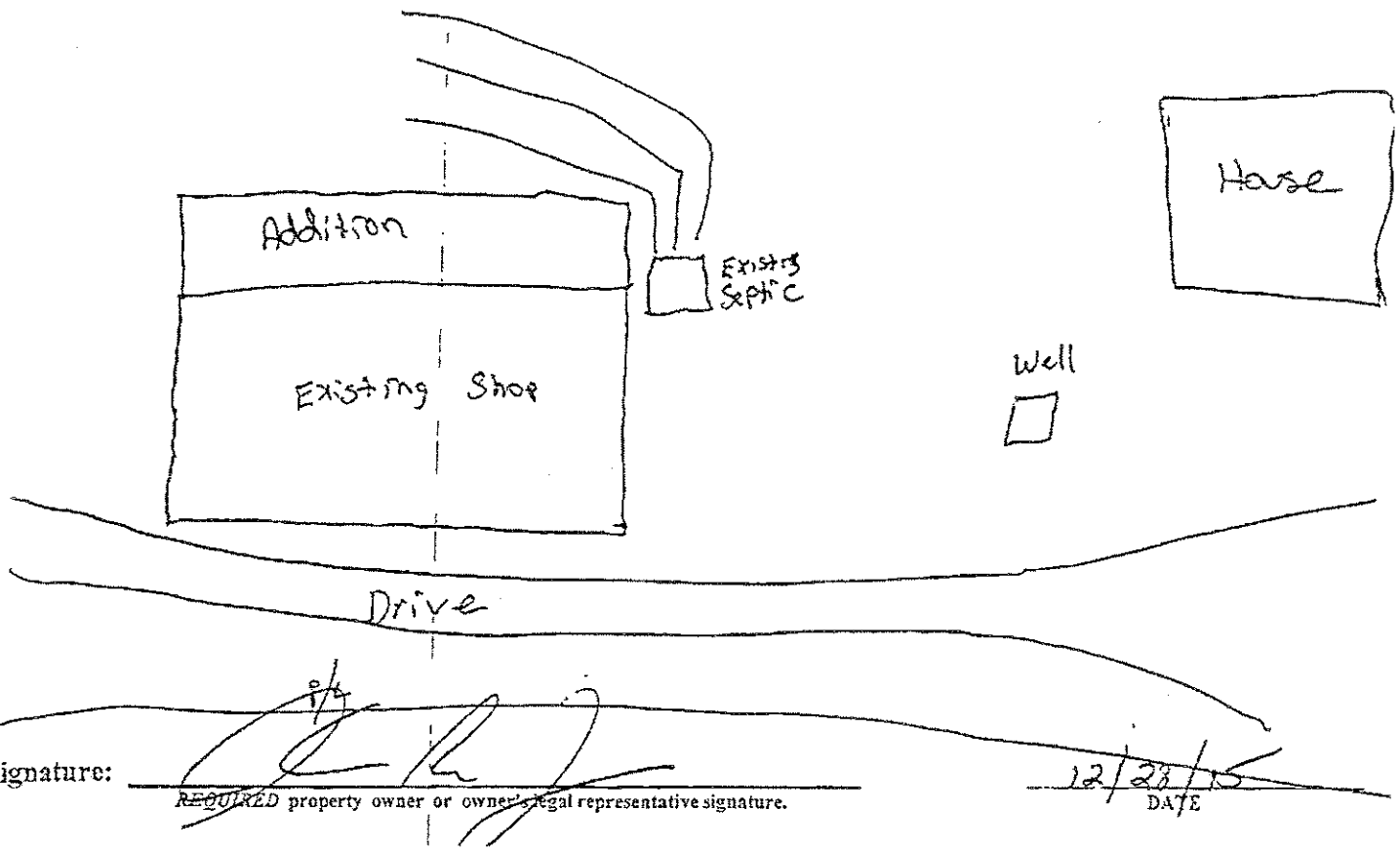
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

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: _____ 12/28/15
REQUIRED property owner or owner's legal representative signature. DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213404

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

PIN # 4675-14-1998

APPLICANT: WILL JONES APPLICANT ADDRESS: 239 HAWKS PREY DR.

SITE ADDRESS: SAME PHONE: 704-662-5134 ALT. PHONE:

SITE DIRECTIONS: HWY, PAST DEI, TR HAWKS PREY, C END

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank ____ (gal)	STB ____	Date ____	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank ____ (gal)	PT ____	Date ____	System Description: GRAVEL		☐ Business	No. Persons ____	☑ Private
Pump Make ____	Model EXISTING	Serial # ____	Repair System Description:		☐ Other	No. Employees ____	☐ Public
# Nitrification Fields ____	# Lines ____	Linear Ft: ____	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width ____	Max. Trench Bottom Depth ____	Gravel Depth ____	☑ GRAVITY	☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

EXISTING SYSTEM INSPECTION FOR 3 BR HOUSE. SYSTEM FUNCTIONING @ TIME OF INSPECTION.

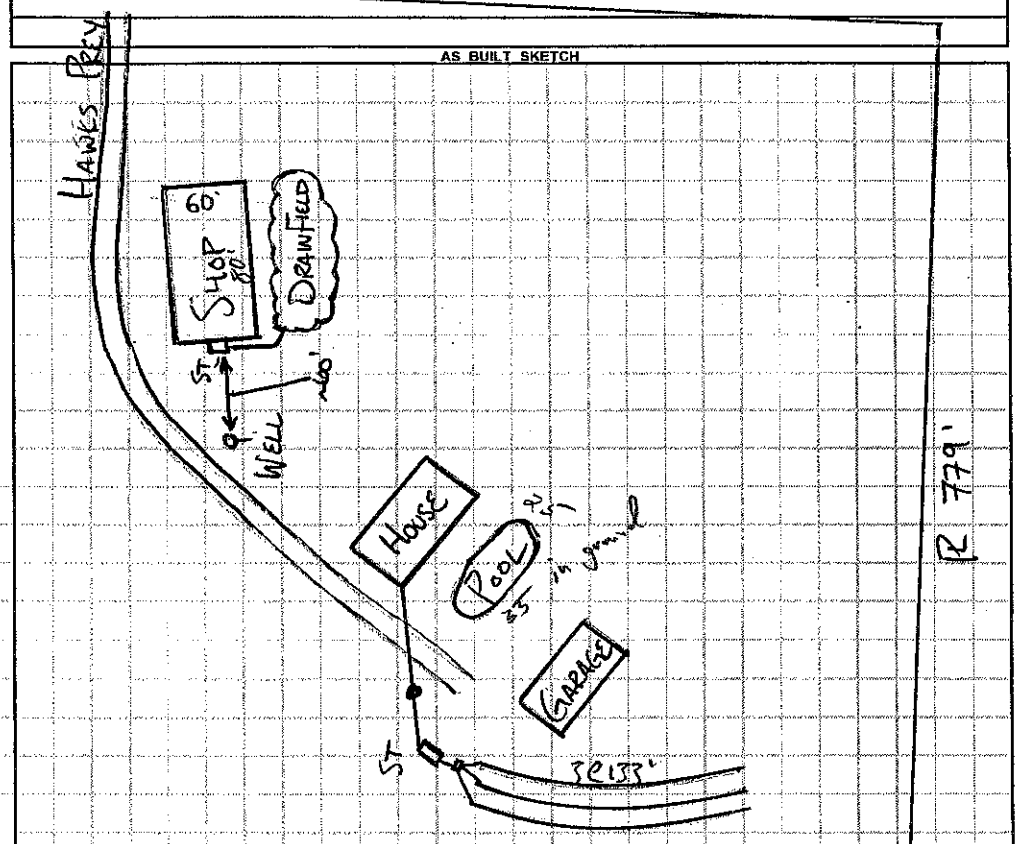
1"=100'

Ben only located septic for house based on previous application. Shop addition already built - it appeared that ST and maybe some drain-lines are under shop. Need to locate system for shop.

R 495'

R 220'

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12-14-15 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 11-23-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Revised SP

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1040520 PIN# 4615 14 1998 DATE

OWNER OR CONTRACTOR Wild Jones PHONE: Business Home 660-5569

ADDRESS 239 Hawksprey Dr. Mooresville, NC. 28115

LOCATION 1365 TR Hawkesprey (R) fork to shop on left before last house

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA 10 ac. SITE CLASS. DESIGN FLOW 450GPD L.T.A.R.

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Existing System Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☒ Other 80'x40' Shop Bldg.

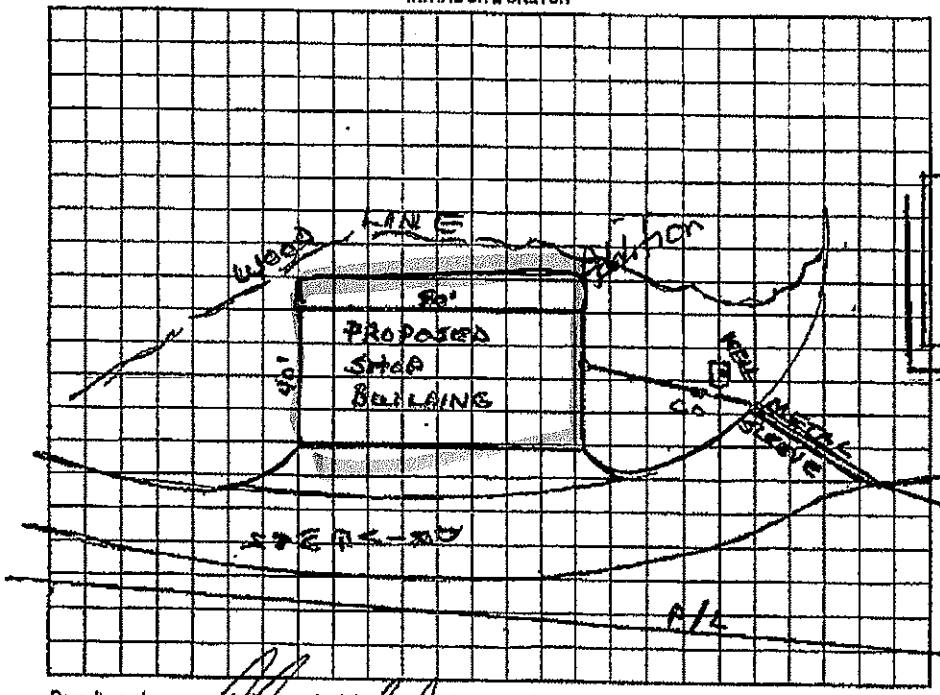
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

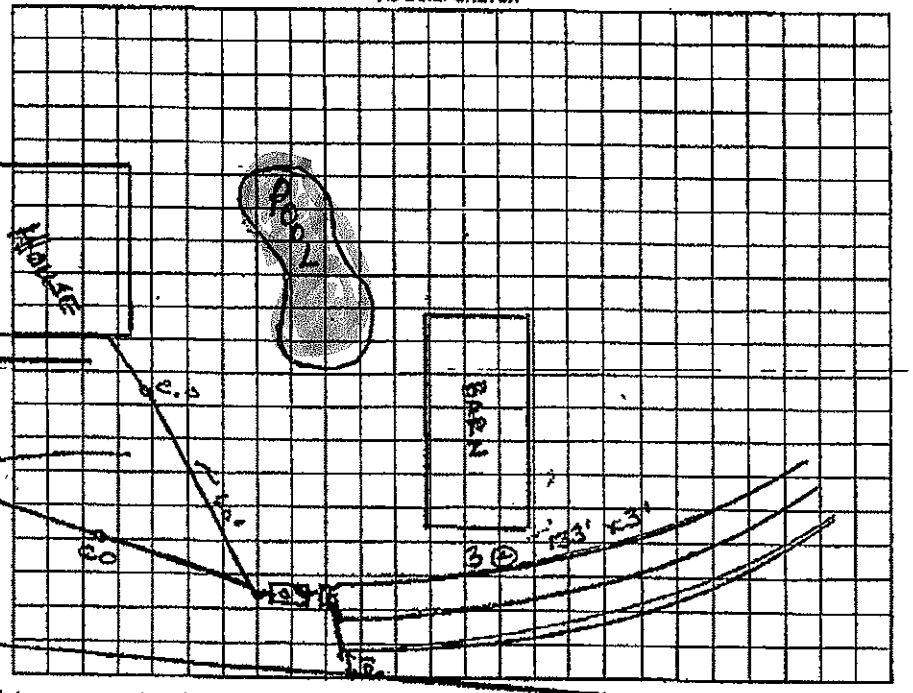
Comments/Conditions:

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 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: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Wesley Sparks R.S. date 1/16/02

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