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

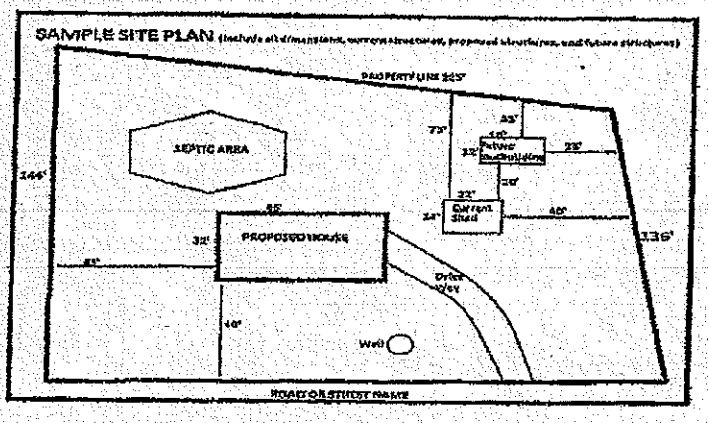
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

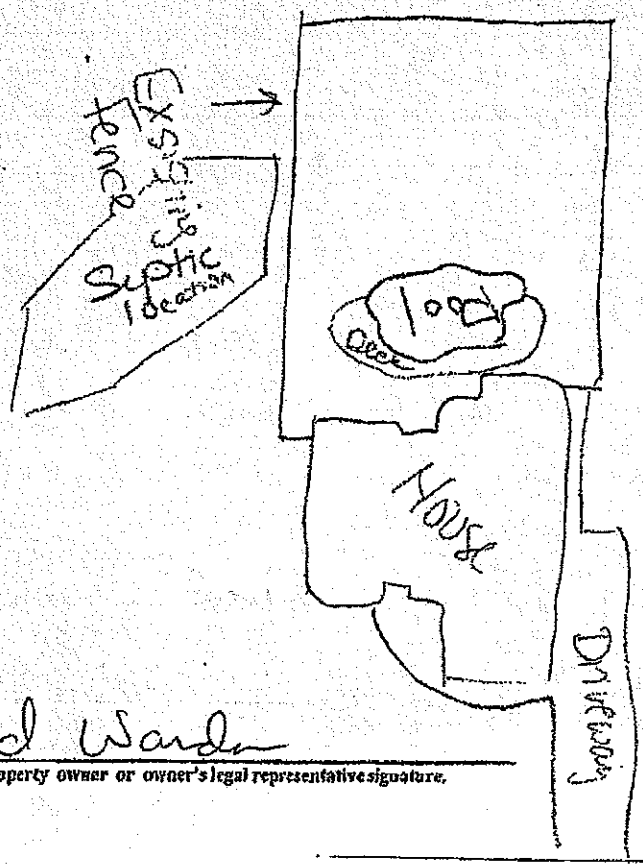
Circle N/A on the following if appropriate:

_____ 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: David Warden

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

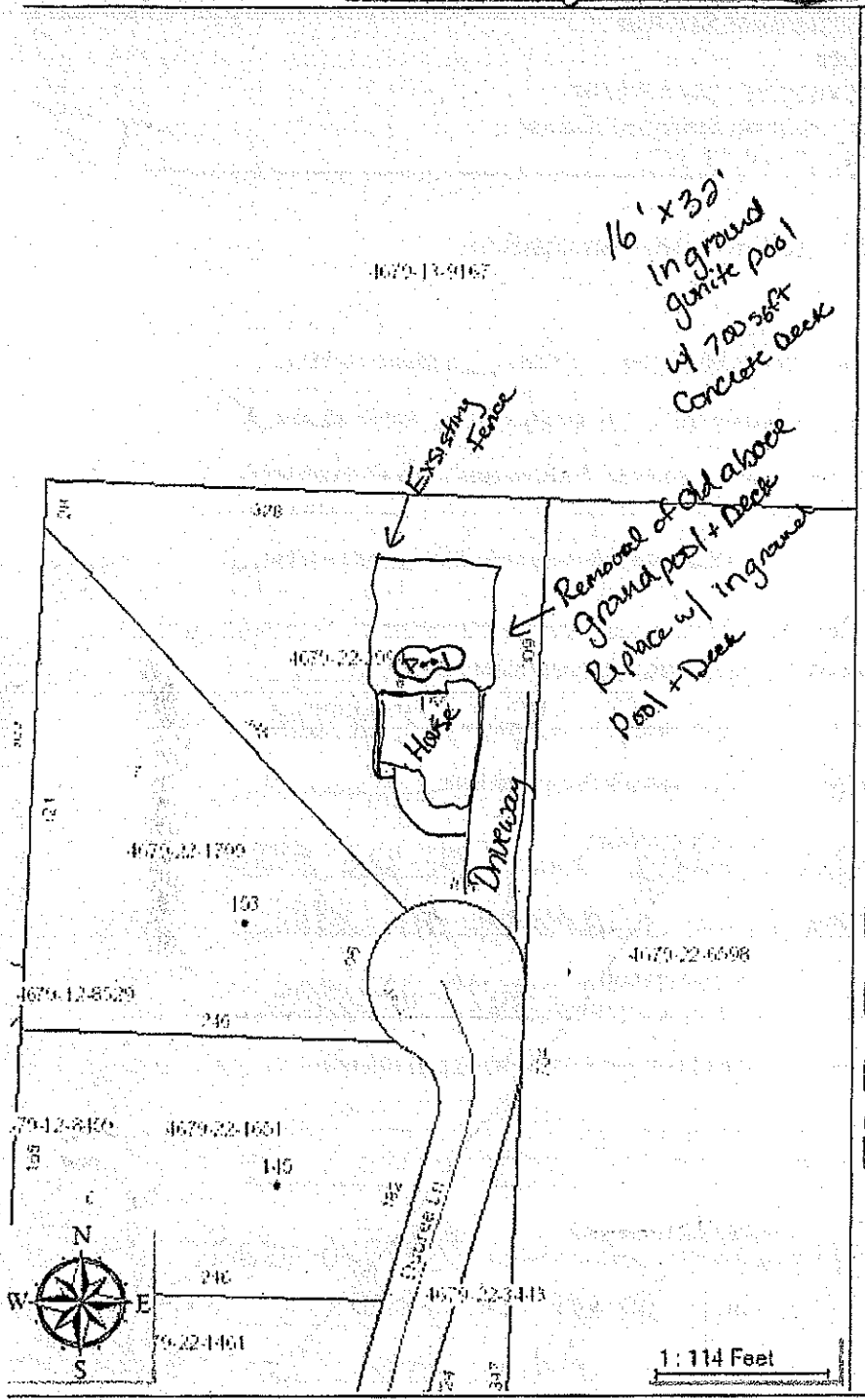
11/10/15

DATE

CONNECTGIS WEB HOSTING

Iredell County

Printed November 03, 2015
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

Parcel Labels

City Limits

Lake Norman

Iredell Countyline

NC Counties

e maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information ovided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of y of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from e 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as ficial notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124033 PIN# ~~4679-22-2372.000~~ 4679222994.000 DATE 12/30/04

OWNER OR CONTRACTOR Paul Allen PHONE: Business 704 663 6905 Home

ADDRESS 518 Glenwood Dr. Mooresville NC 28115

LOCATION Hwy 801, TL Dupree Ln, 1st end

SUBDIVISION Dupree Est BLOCK / SECTION LOT 8 LOT AREA 1.72 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1007 Date 3-10-06
Pump Tank: 1000 Gallons; PT 274 Date 2-20-06
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

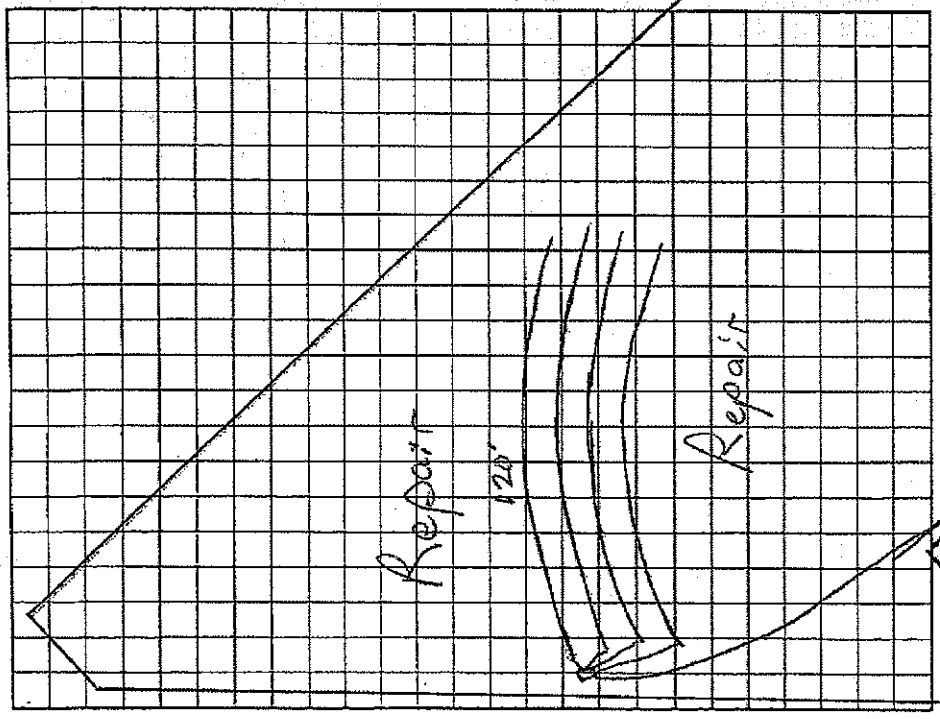
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

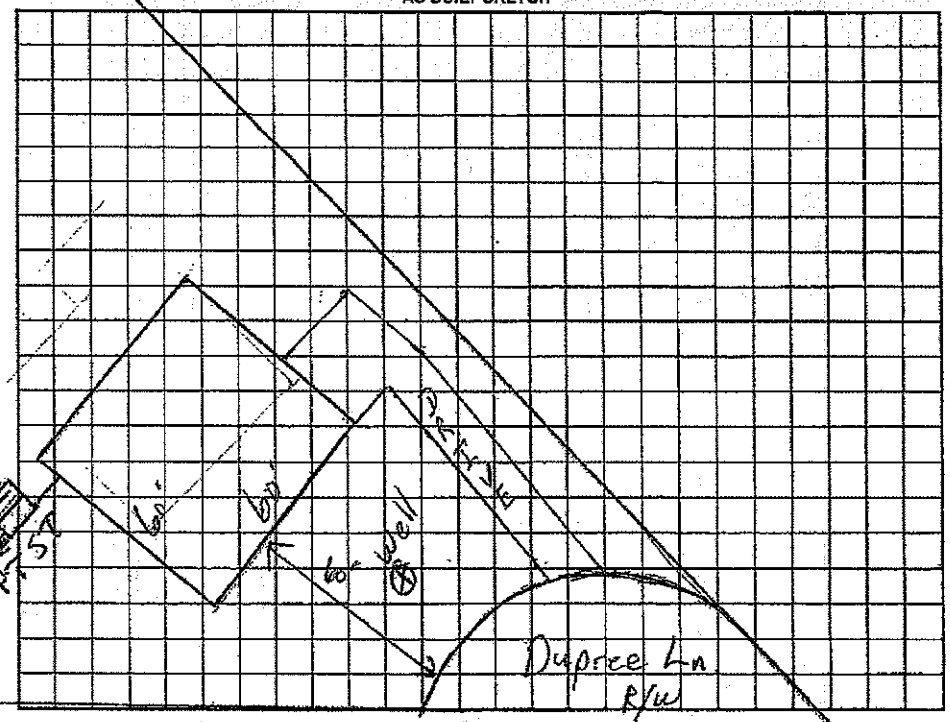
1"=50'

Comments/Conditions: Installed Quick 4

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: Melanie Allen date 2/4/05
Improvement Permit by: RS date 12/30/04
Authorization to Construct by: RS date 9/9/05

Installed by: Richard Abernathy
Operation Permit by: date 11/9/06
Existing System Inspection by: date

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