IREDELL COUNTY HEALTH DEPARTMENT

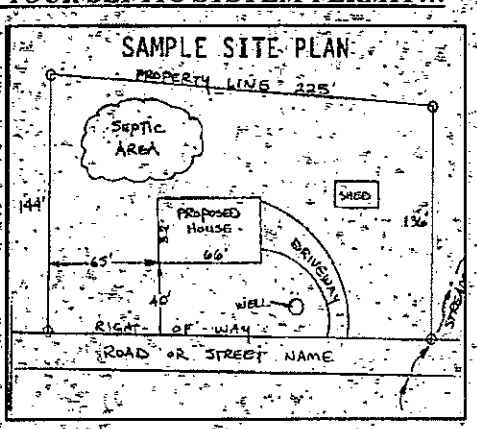
ENVIRONMENTAL HEALTH DIVISION

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

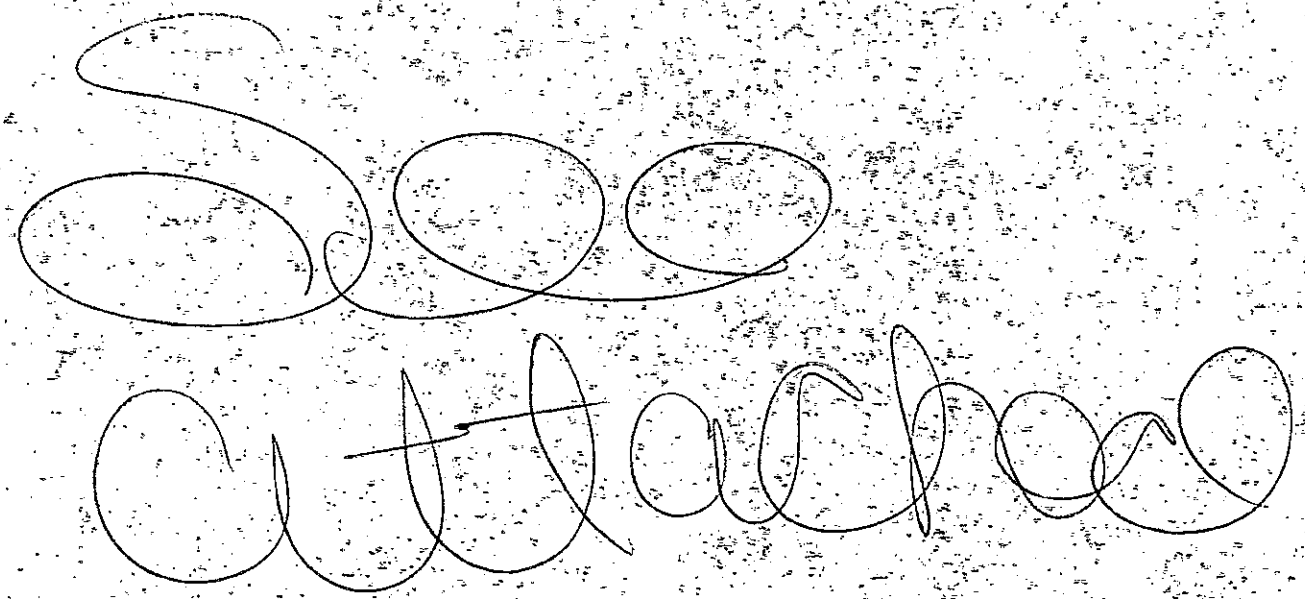


Circle N/A on the following if appropriate:

- 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: _____ 1-21-14

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

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5300 MOORESVILLE 704-664-5281

PERMIT# 138931 PIN# 4647318736

OWNER OR APPLICANT T & E Dev

ADDRESS 112 Vista Bluff Ln Mooresville NC 28117 PHONE Business 704-302-9595 Home

LOCATION Hwy 801 TR Wiggins Rd TR Kerr Ln DATE 11-6-06

SUBDIVISION Kerr Plantation BLOCK / SECTION LOT 12 LOT AREA 1.17 Acre SITE CLASS PS property on right

Septic Tank: 1000 Gallons; STB Pump Tank: Gallons; PT Date Pump Make: Model Date

Nitrification Field: No Fields 1 Square Feet 1200' Serial No.

No Lines 5@80' Trench Width 36" Linear Feet 400' Max Trench Bottom Depth 36

☒ New System ☐ Repair ☐ Expansion System Type: DESIGN FLOW 480gpd L.T.A.R. .3

System Description: Gravity-Conventional/Accepted

Repair System Description: Pmt 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons No. Employees

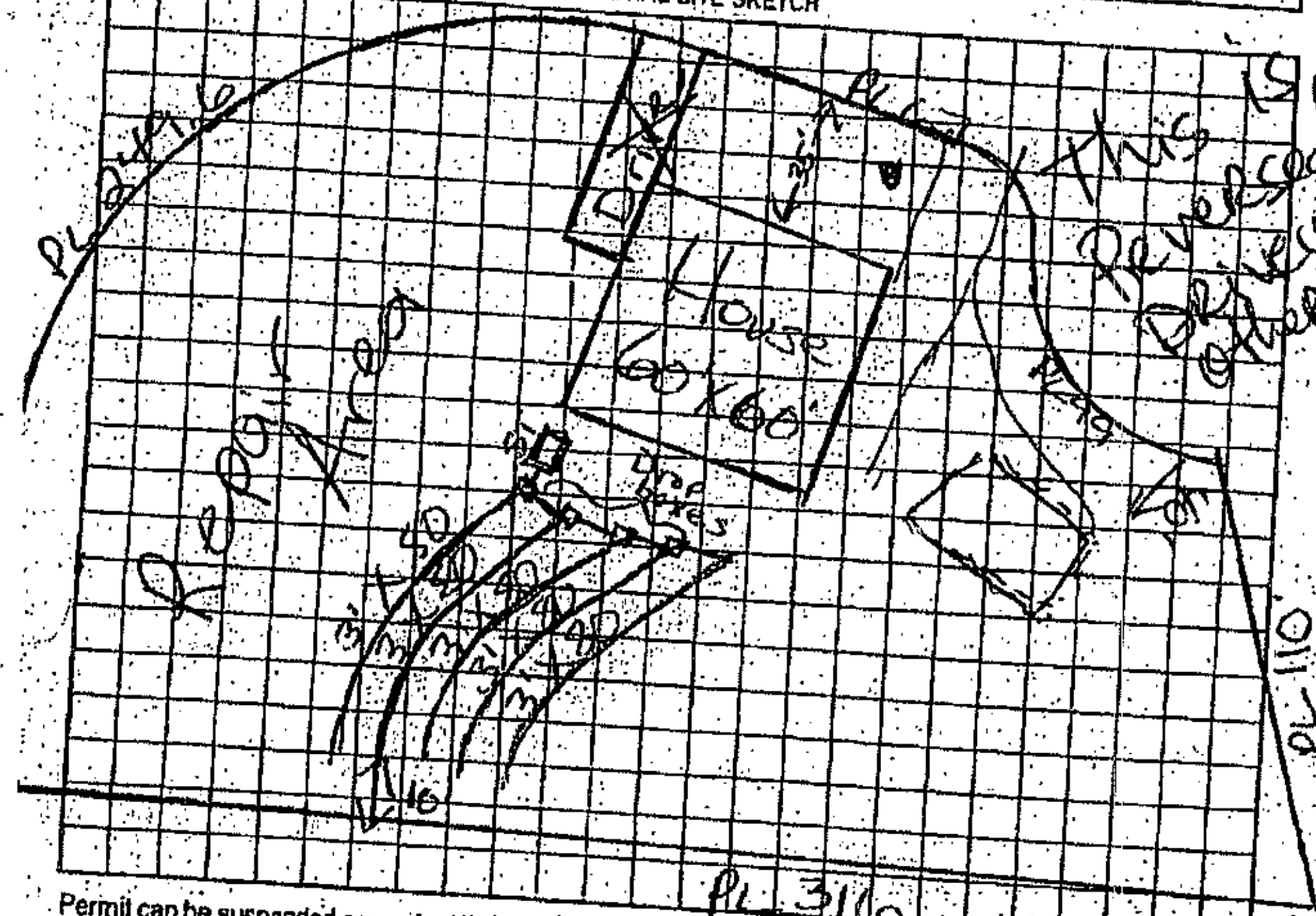
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:
Scale 1:60
See attached plan

Comments:/Conditions: *Note: "Accepted" means 25% Reduction

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: [signature]

Improvement Permit by: [signature] date 12/14/06 Installed by:

Authorization to Construct by: [signature] date 11/6/06 Operation Permit by:

date Existing System Inspection by: date

date

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