IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

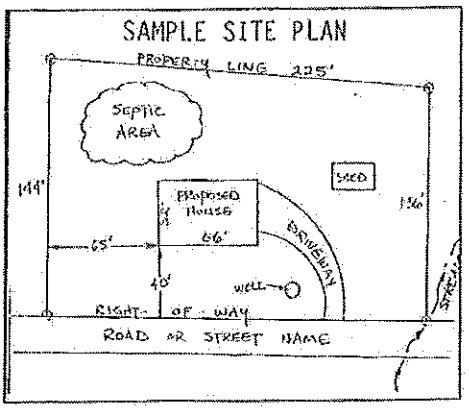
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

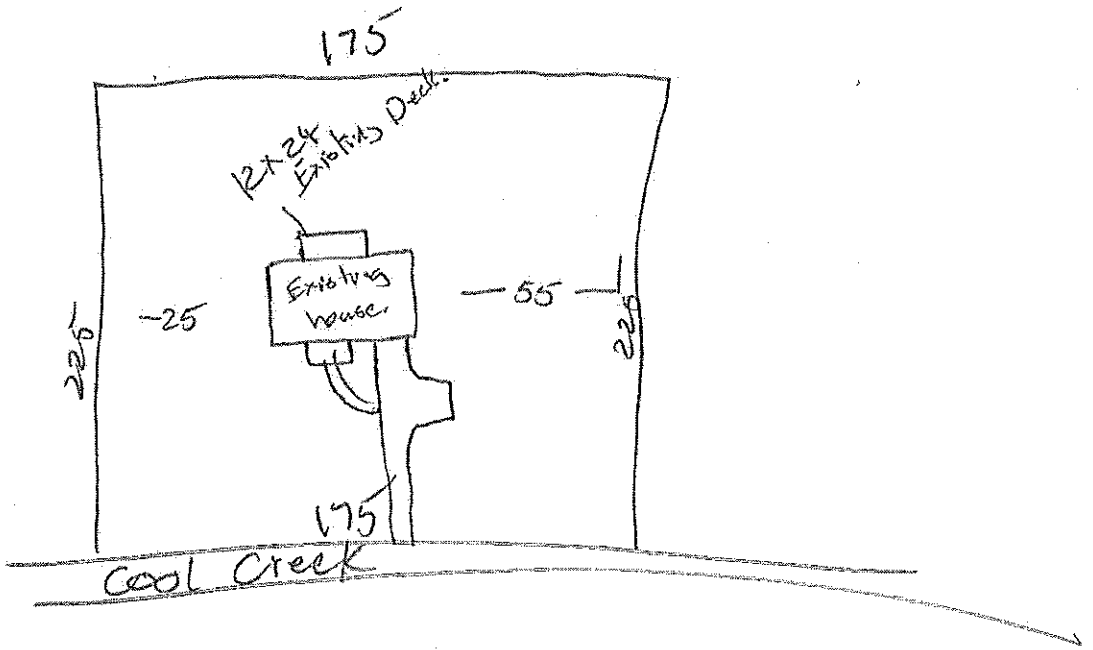
Circle N/A on the following if appropriate:

- 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

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: Ryan Clyder
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/17/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct 4679496532

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23322 DATE 3/22/96 TAX MAP NO. 4E-2-A-13 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Keith Carroll PHONE: Business Home 664-1155

ADDRESS 745 French Belk Rd Mt Ulla NC 28125

LOCATION 115 S - Mocksppn TR - TL Triplett Rd - TR Confederate - TR Twin Brooks

SUBDIVISION Twin Brooks BLOCK / SECTION 2 LOT 12 LOT AREA .904 a.c. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 9/10/96
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 200 Linear Feet 408
No Lines 3 Trench Width 36" Max Trench Bottom Depth ~~36"~~ 34" Gravel Depth 12"

☒ New System ☐ Repair System Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Gravity Conventional
Repair System Description: Pump Chamber
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

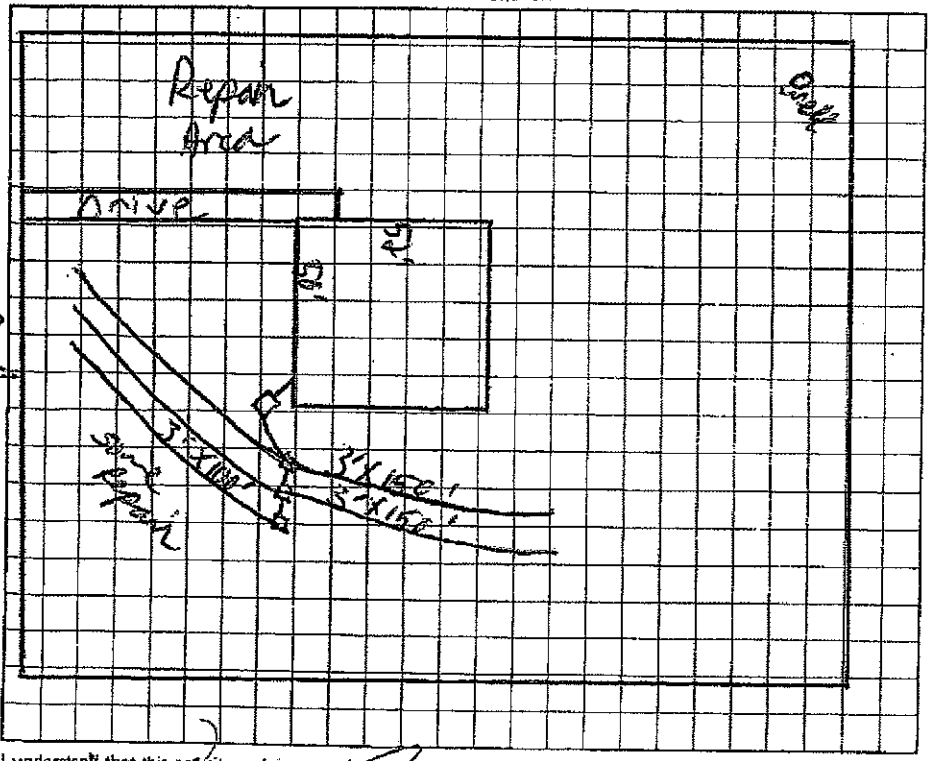
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

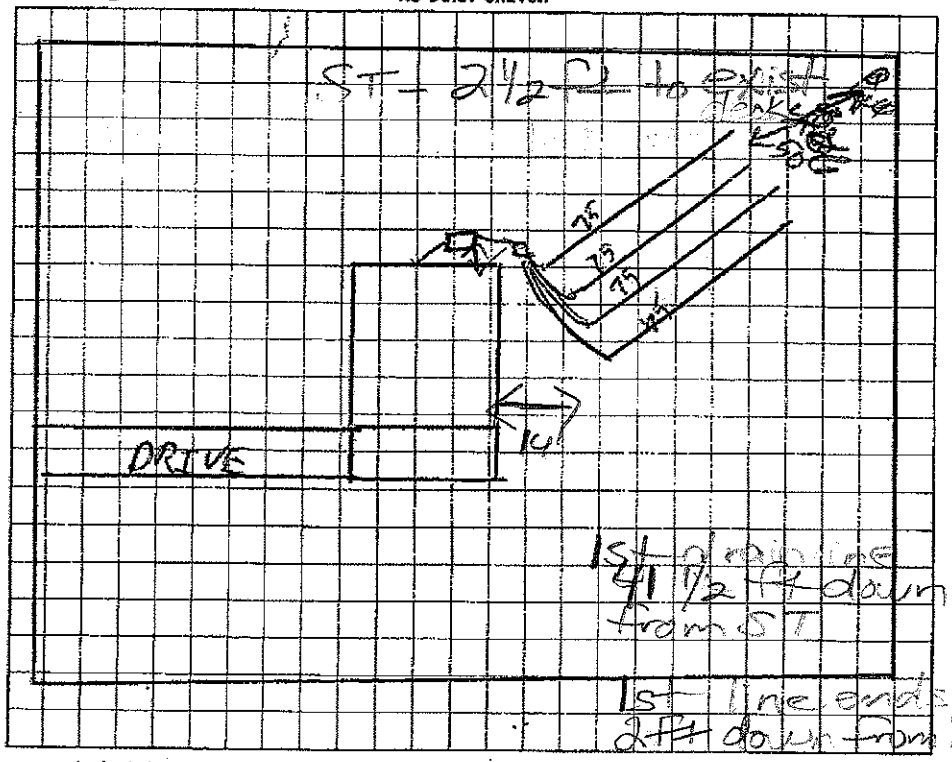
Comments:

Comments: WELL IS 50'1" FROM UPPER LINE OF SEPTIC SYSTEM.
Angle 1st Drainline starts 39ft down

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed:

Improvement Permit by: C. Robert Freeman EHS date 3/22/96
Authorization to Construct
Existing System Inspection by: C. Robert Freeman EHS date 3/22/96

Installed by: LARRY TUCKER
Certificate of Completion by: date
Operation Permit by: C. Robert Freeman date 10/3/96

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