IREDELL COUNTY HEALTH DEPARTMENT

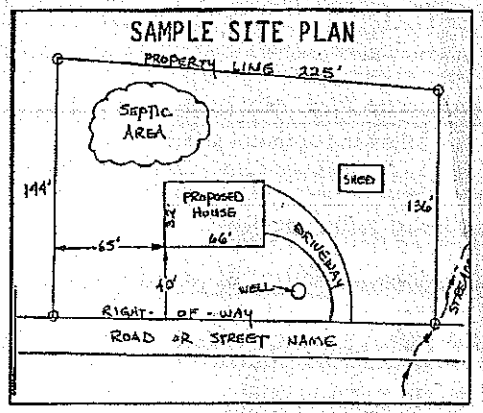
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **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

Soil Boring locations

AH-1

Repair

AH-2

30'

14'

NEW ROOM

24'

63'

41'

Wiggins Road

Signature: Owner Manager

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

11/9/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4679 51 1826 DATE 8/15/01

OWNER OR CONTRACTOR Wade McNeely PHONE: Business ____ Home 663 1499

ADDRESS 159 Wiggins Rd Mooresville NC 28115

LOCATION 801 N, 4R Wiggins Rd, on Lt

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.4

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 3 or 4 Trench Width: 36" Max Trench Bottom Depth 36" Gravel Depth 12

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

System Description: ____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

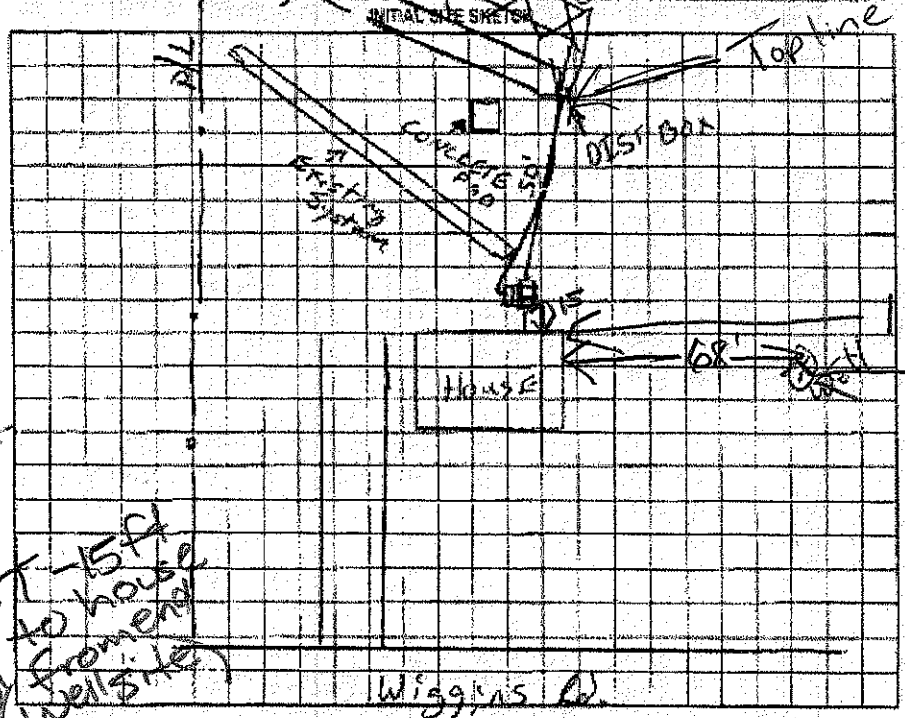
☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

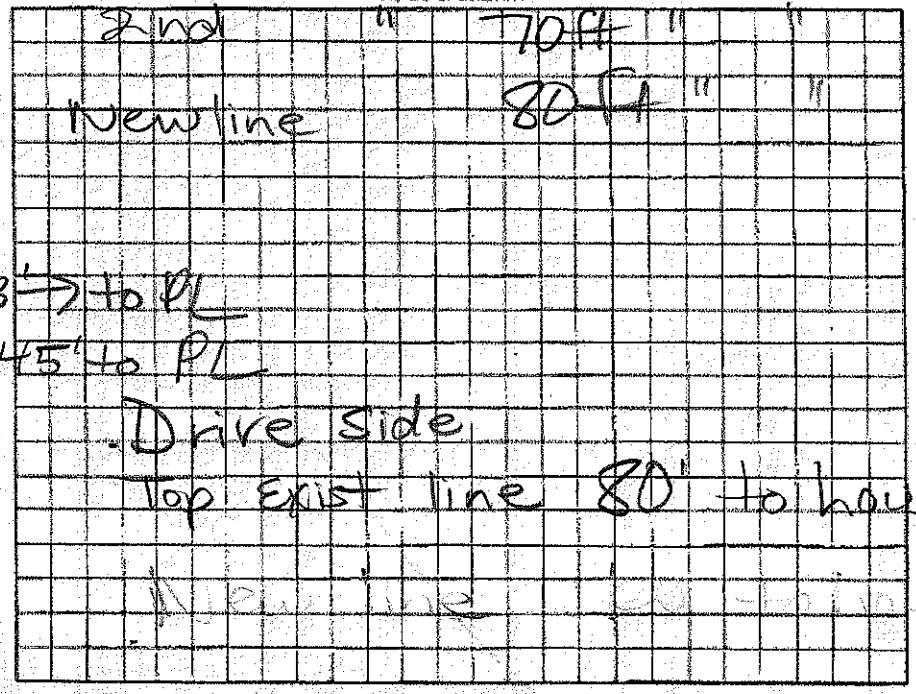
Comments/Conditions: Existing Tank - replace tee if needed
Can Install new
Tank ~~Cannot~~ if needed
(owner of Pstn)

INITIAL SITE SKETCH



Comments/Conditions: No Foundation Drain
2@ 110'x3' Conventional
Top exist line 55ft to house

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 8/15/01 Installed by: Larry Bacon

Improvement Permit by: ____ RS date 8/15/01 Operation Permit by: Wesley Sparks RS. date 8/16/01

Authorization to Construct by: ____ RS date 8/15/01 Existing System Inspection by: ____ date ____

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

D-20 - R/C, w/SAP Info
12-38