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***

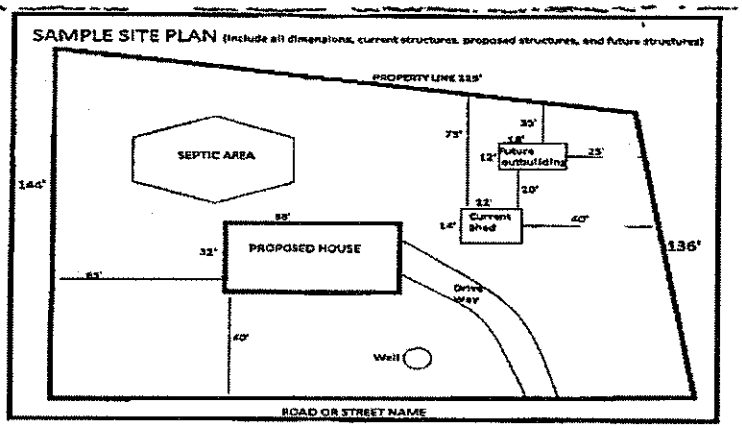
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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

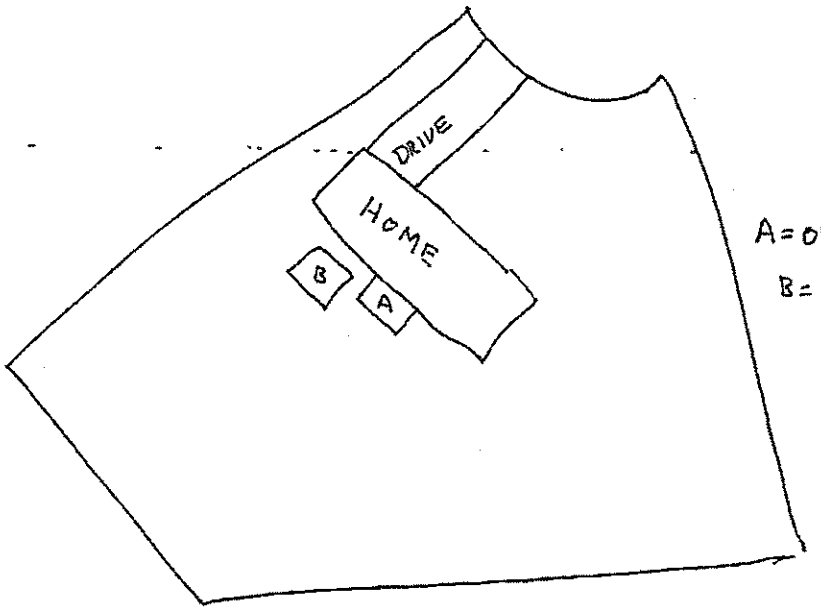
Circle N/A on the following if appropriate:

_____ **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



A = OLD TANK; located under deck

B = NEW TANK; new location setback from house and not under decking

Signature: _____

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

12-1-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. Repair DATE 3-14-94 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Alexandra Schwendener PHONE: Business _____ Home 528-4229

ADDRESS Rt. 10 Box 200 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR East mombo Rd. TR Pineville Rd. TL Spring Shore Dr. TL Island View Rd. Last house on R.

SUBDIVISION Spring Shore BLOCK / SECTION — LOT — LOT AREA 2 3/4 acre SITE CLASS. Repair DESIGN FLOW 360 L.T.A.R. Repair

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 585 Linear Feet 195'

No Lines 3 Trench Width 9'x65' Max Trench Bottom Depth 49" Gravel Depth 18"

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

System Description: conventional, gravity fed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees —

☐ Other _____

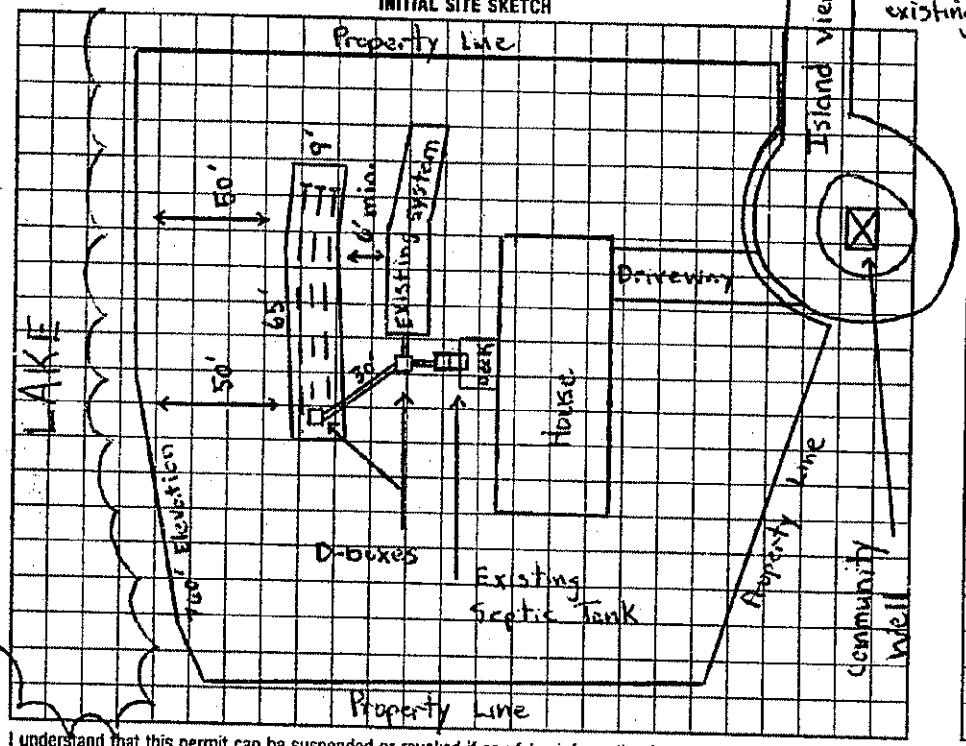
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Install 9'x65' Bed. Lower side (Lake side) of bed no deep than 24" to the bottom of the trench. Keep Repair bed on contour. Keep repair 6' from existing system, 10' from all property lines, and 5c' from 760' elevation mark. Feed existing system first, Repair last.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as Initial 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Alexandra Schwendener

Improvement Permit by: Michael D. Dennis / J.C. Moore date _____

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: J-C Moore date 5-20-94

Operation Permit by: _____ date _____

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