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

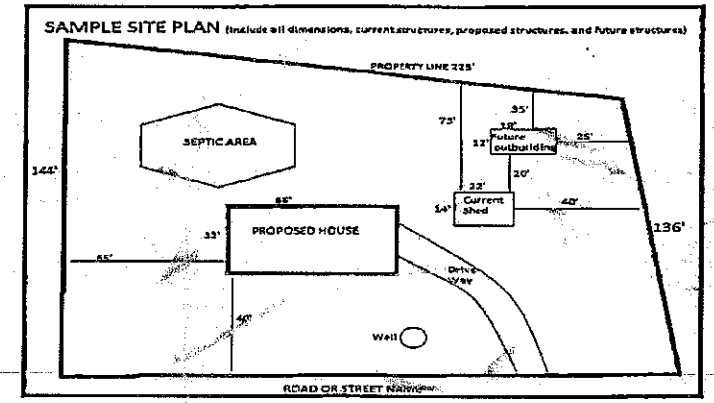
✓ **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

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

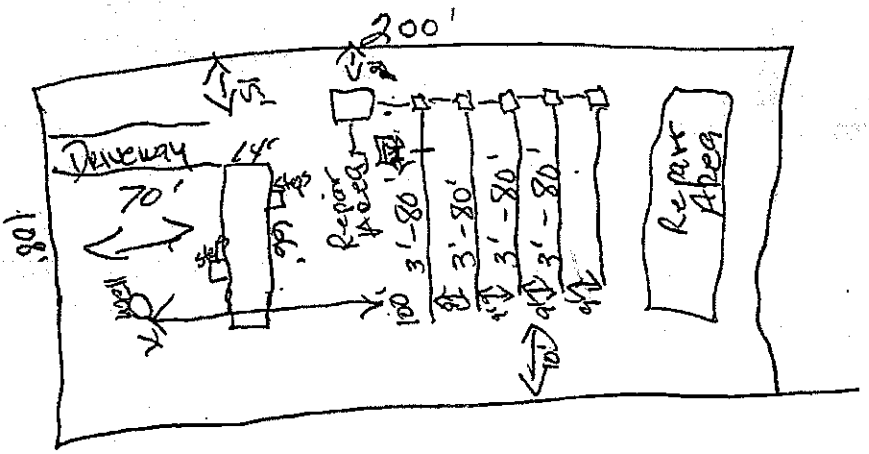
Circle N/A on the following if appropriate:

✓ **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** N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Richard Nott

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

1/25/17

DATE

9:30

022090

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. 22091 DATE 9-12-95 TAX MAP NO. 8K-12-A-2 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bob Compton PHONE: Business _____ Home 872-2959

ADDRESS 123 Rockwood Loop Statesville, N.C.

LOCATION 90 in Tl. Alexander Rd Tl. Bethlehem Rd Tl. Happy Lane 2nd lot on Rt

SUBDIVISION Golden Park BLOCK / SECTION _____ LOT 2 LOT AREA 108'x200' SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 1012 Date 1-20-96

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 31" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Gravity Distribution

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

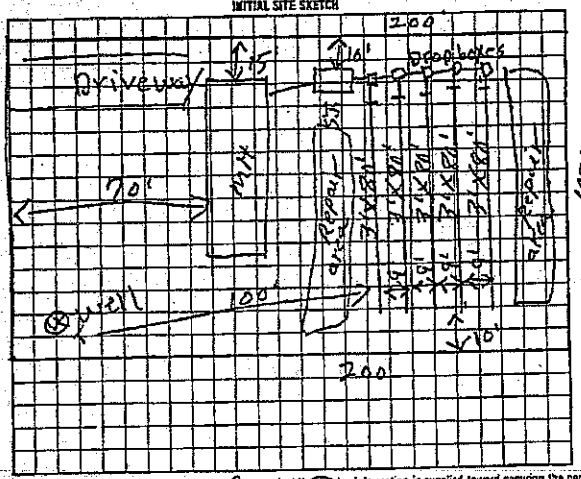
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

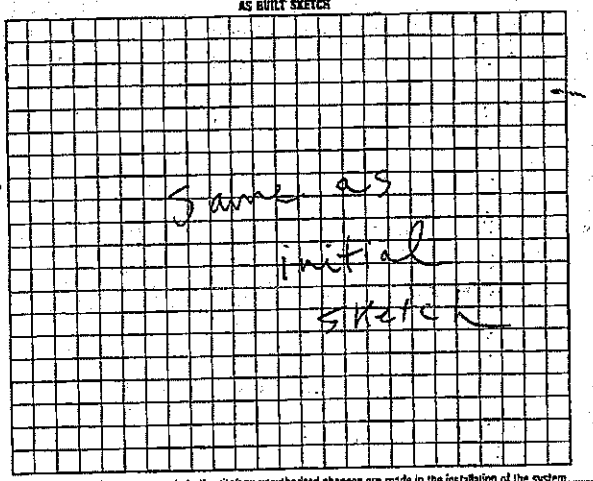
Comments:

Comments:

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: Bob Compton

Improvement Permit by: L.C. Moore date 9-12-95

Existing System Inspection by: _____ date _____

Installed by: Barney Sigmon Const.

Certificate of Completion by: _____ date _____

Operation Permit by: L.C. Moore date 1-20-96

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

LL6200