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

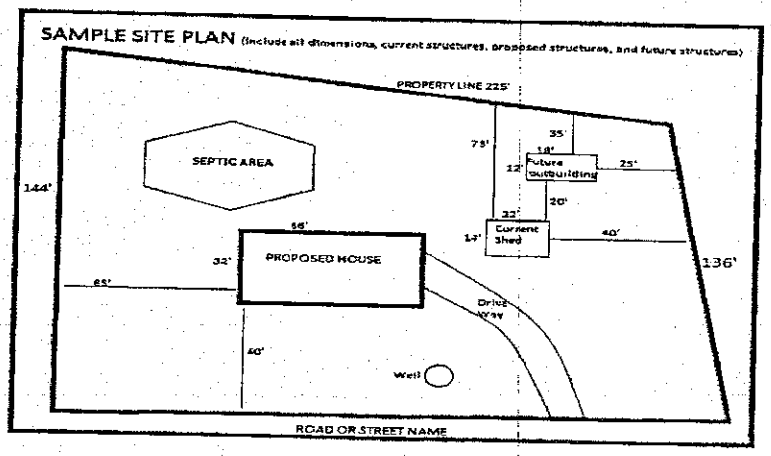
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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

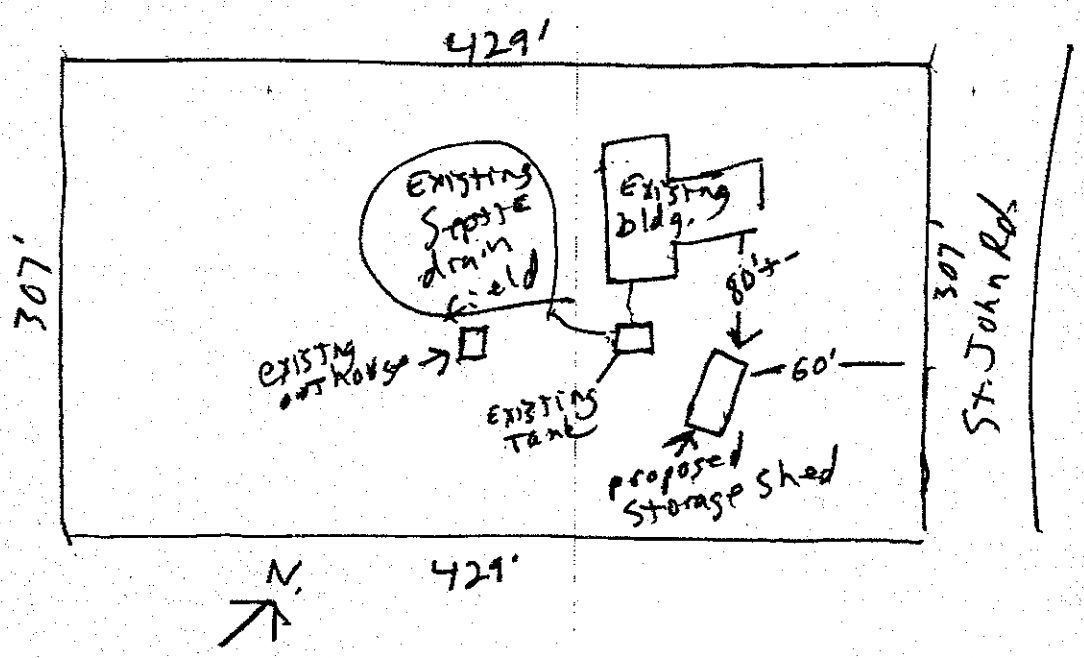
Circle N/A on the following if appropriate:

_____ **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



Signature: Bill Gentry

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

8-12-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# NOT REQUIRED PIN# 4720-14-0985 DATE 7-14-05

OWNER OR CONTRACTOR FIRST UNITED METH. CHURCH PHONE: Business 704-902-3980 Home 704-872-9372

ADDRESS 204 MILLS AVE. TROUTMAN, NC 28166

LOCATION EAST MONBO ROAD TO ST. JOHN'S ROAD ON RIGHT AT EXISTING CHURCH

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 210 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 31 Date 05/19/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 233

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other SCOUT HUT w/ 70 @ 30 GPD/SEAT

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

Water Supply:
~~☑ Individual~~
☐ Public
☐ Community
WELL NEXT DOOR

Comments:/Conditions:

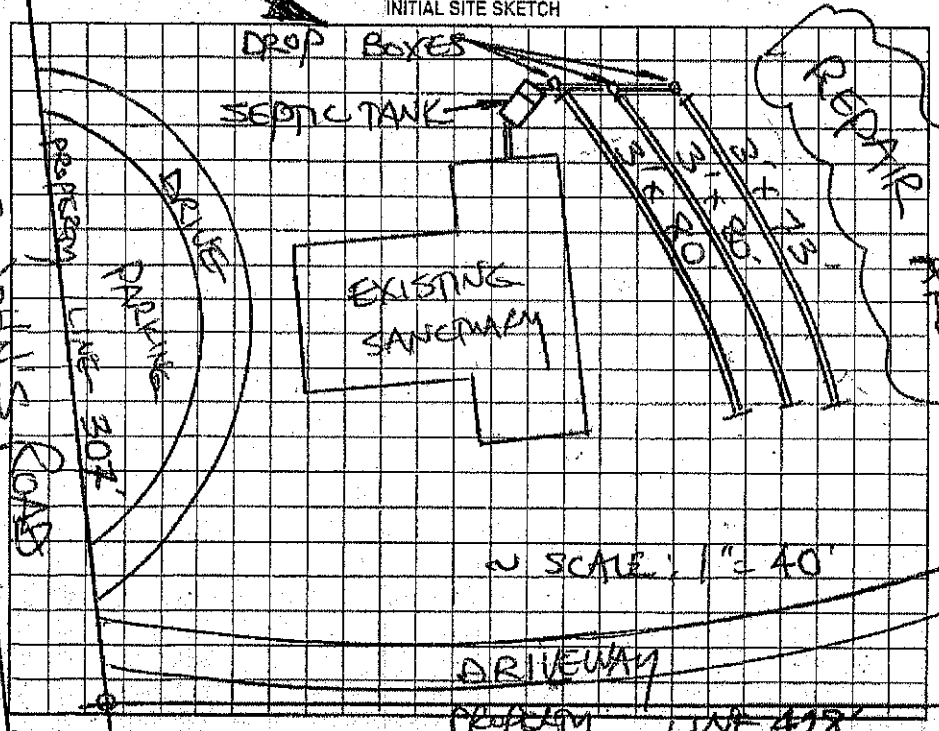
PROPOSED WELL SITE

100'±

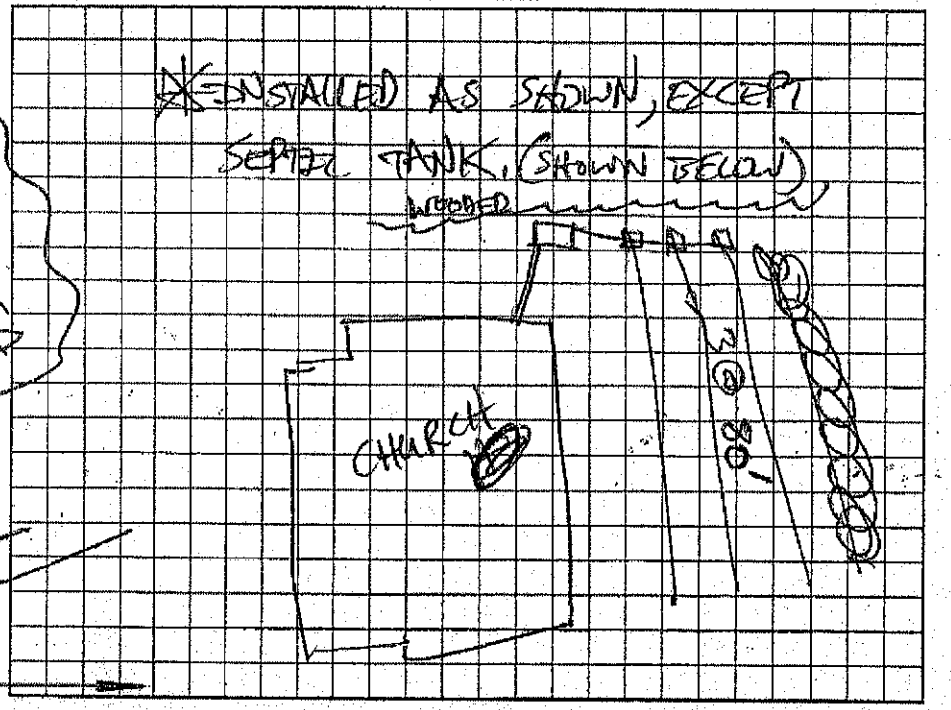
Comments:/Conditions:

~~X~~ USED POLYLOK FILTER IN TANK.

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: _____ date 7-14-05 Installed by: WES LYTTON CONST.

Improvement Permit by: STEVE HEDRICK date 7-14-05 Operation Permit by: _____ date 08/03/06

Authorization to Construct by: STEVE HEDRICK date 7-14-05 Existing System Inspection by: _____ date _____

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