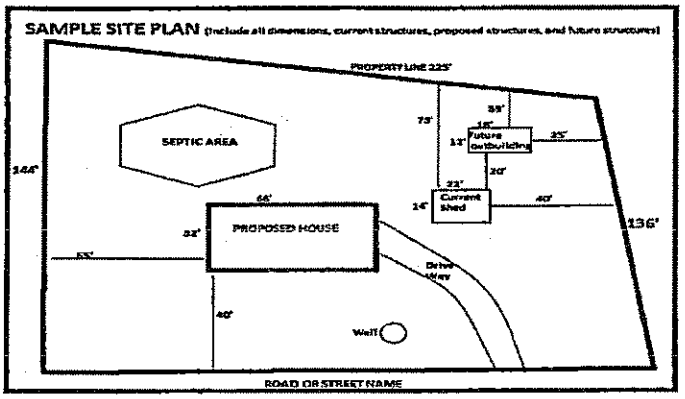
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

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

See attached

Signature: Deborah E Burgin
***REQUIRED* property owner or owner's legal representative signature.**

4/7/17
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. 19228 DATE 8/17/94 TAX MAP NO. 9A-9-A-80 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHN'S WELDING PHONE: Business _____ Home 873-7885

ADDRESS 1516 MOCKSVILLE HWY STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTT CREEK, TL MILLER FARM, TR DOE TRAIL, 3RD LOT ON (R) PAST ELK DRIVE

SUBDIVISION DEERCRAFT BLOCK / SECTION II LOT 80 LOT AREA 110' x 199' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 799 Date 9/15/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. PUMP / GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

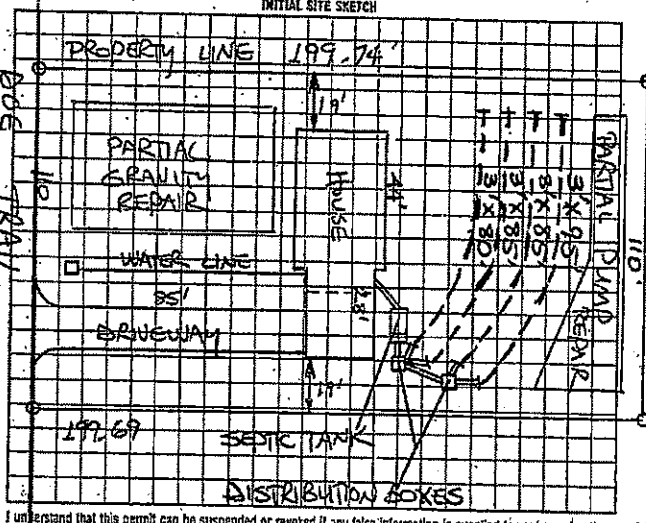
Water Supply: ☐ Individual ☐ Community ☒ Public

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

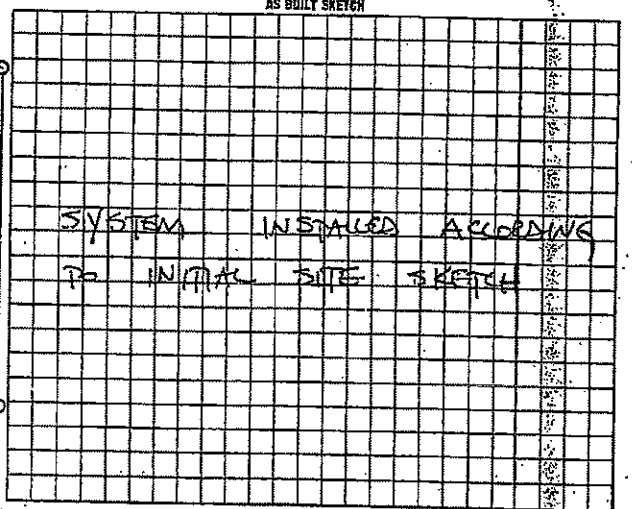
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 4' APART ON CENTER.

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

Signed: [signature]

Improvement Permit by: STEVE HEDRICK date 8/17/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 10/3/94

Operation Permit by: _____ date _____

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

YADKIN COUNTY ENVIRONMENTAL HEALTH

☒ SEPTIC TANK SYSTEM LAYOUT/DESIGN ☐ WELL LOCATION

NAME Brady Thacker DATE 7-14-09

PERMIT # 09 07010196 LTAR

PID # 5846 02762889 Hatties View SubDivision

SITE SPECS Lot 9

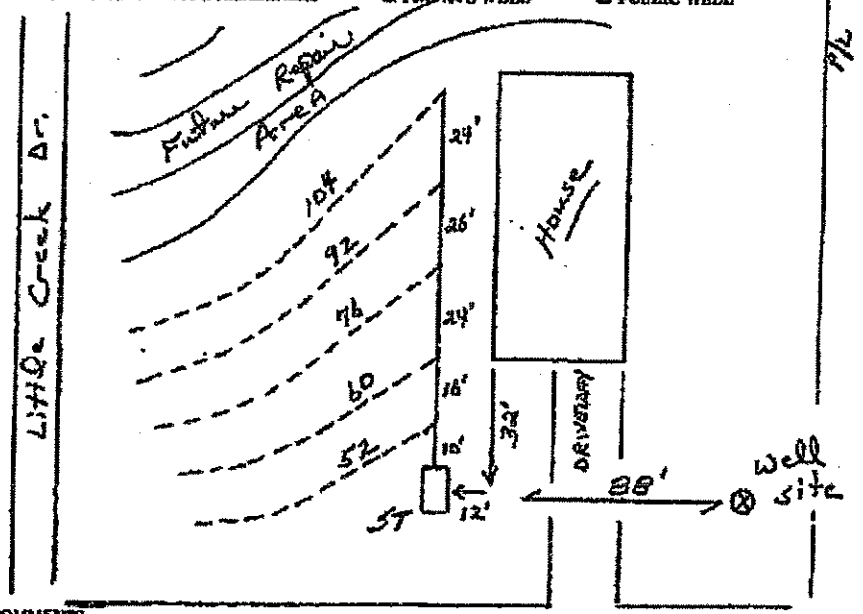
NEW OR REPAIR		SEPTIC TANK	1000	TRENCH DEPTH	36"
SYSTEM TYPE	25% Red	PUMP TANK		COVER DEPTH	24"
REPAIR TYPE	52% Red	LINEAR FT	384	STONE DEPTH	
INSTALLER:	[redacted] JOHN STAMPER	NO. LINES	5	NO. BOXES	

P/L

WELL INFO

☐ NEW WELL ☐ REPLACEMENT WELL ☐ WELL FOR SINGLE RESIDENCE

☐ WELL FOR 2 OR MORE RESIDENCES ☐ PRIVATE WELL ☐ PUBLIC WELL



COMMENTS: VIEW LANE

BY: Mike Williams EHS/RS

08/01/06