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

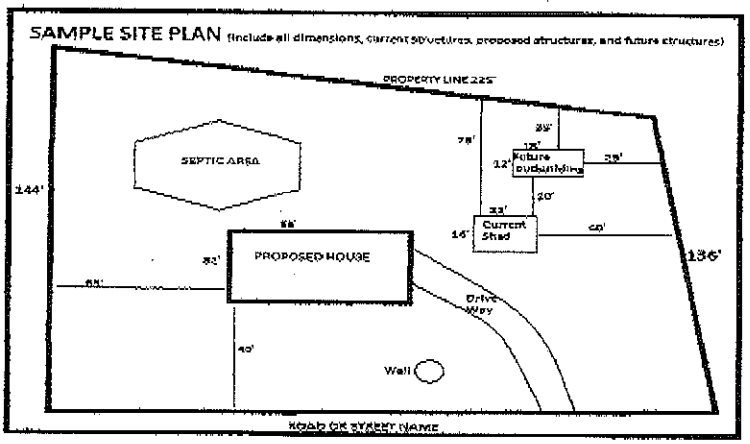
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 septic permit

Signature: _____

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

_____

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (01) MOORESVILLE 704-664-5281

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

PERMIT# 123630 PIN# 4726-52-9619 DATE 9-28-04

OWNER OR CONTRACTOR GERALD RIMMER CONSTRUCTION PHONE: Business 704-902-1080 Home 704-528-5724

ADDRESS P.O. Box 582 TROUTMAN NC 28166

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE TRAIL, TR ELK DR, LOT AT END ON RIGHT

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 103 LOT AREA 0.51 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/SF

Septic Tank: EXISTING Gallons: ST# _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines FIVE Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☑ 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

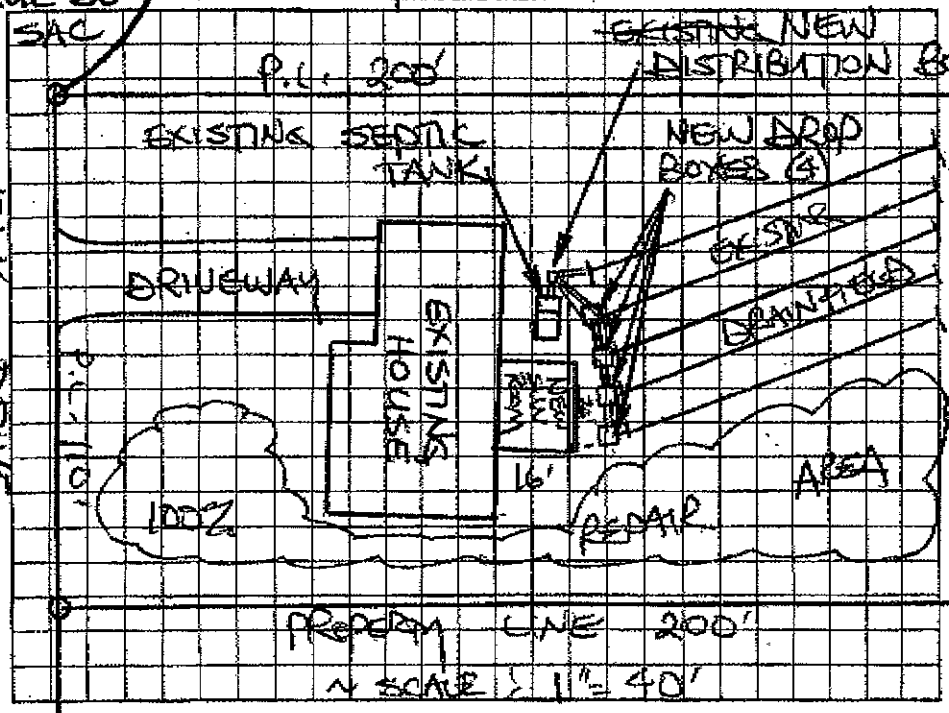
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

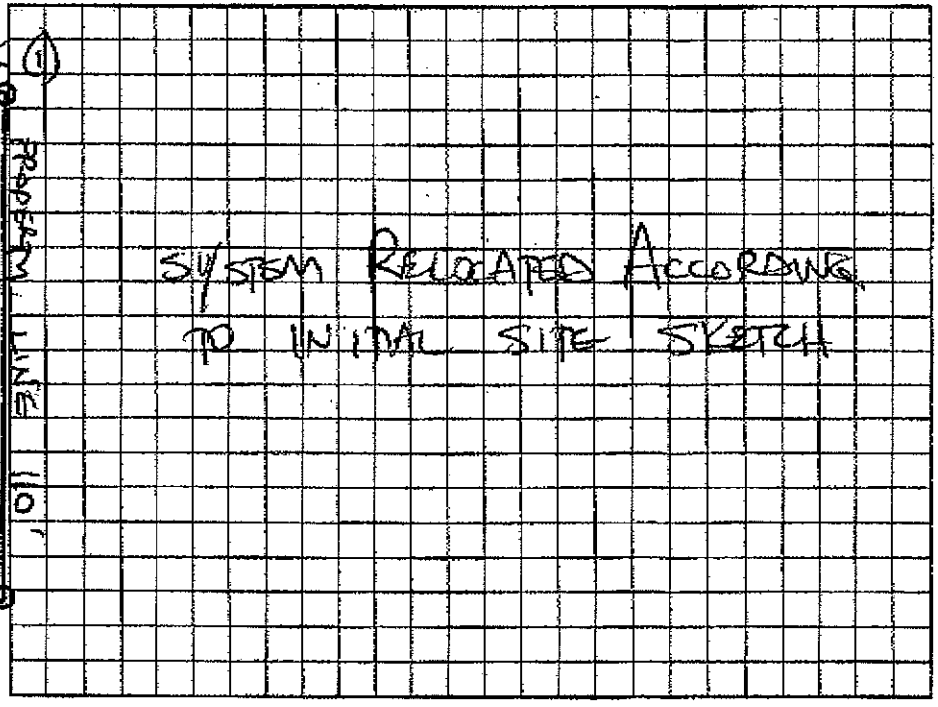
Comments/Conditions: RELOCATE EXISTING SUPPLY LINE AS SHOWN MINIMUM 5' FROM NEW SUN ROOM FOUNDATION, USING FOUR (4) NEW DROP BOXES FEEDING SERIALLY AS SHOWN.

Comments/Conditions:

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 8-20-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 9-28-04 Operation Permit by: STEVE HEDRICK date 10-18-04

Authorization to Construct by: STEVE HEDRICK date 9-28-04 Existing System Inspection by: _____ date _____

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

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