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:

X **Property Line measurements are clearly identified...** X **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

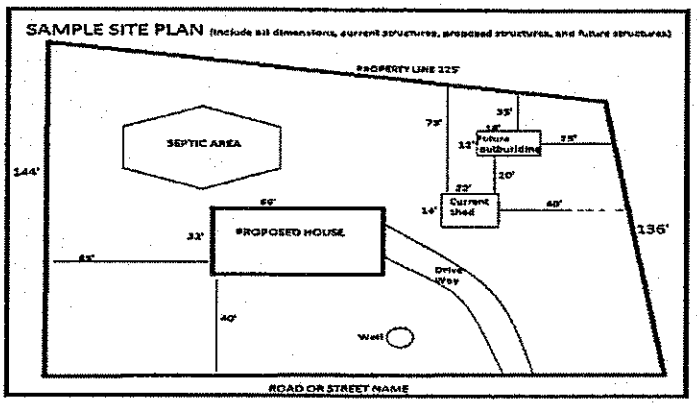
X **Front and side setbacks from property line...** N/A **Preferred driveway location and configuration, preferred well location...**

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

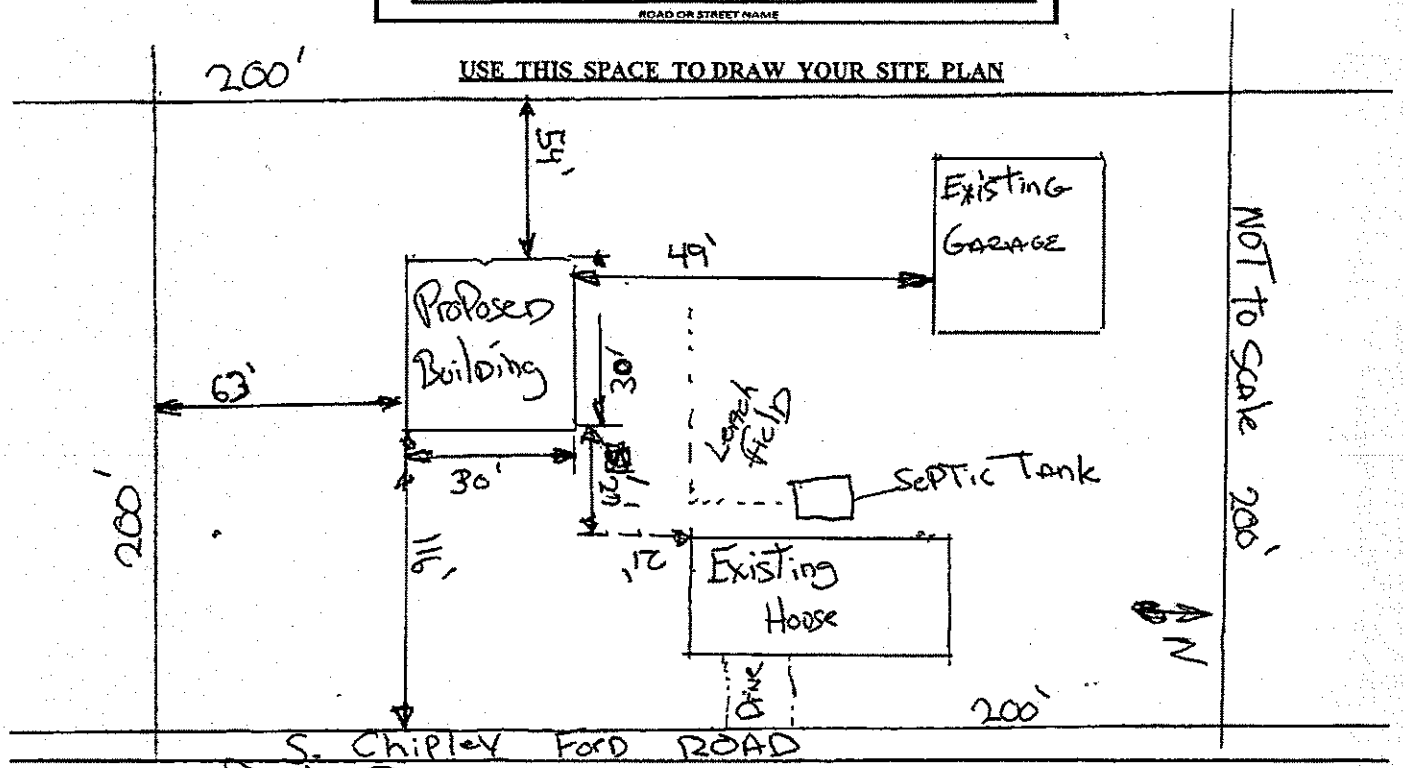
Circle N/A on the following if appropriate:

____ **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: [signature] March 7 2016

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN#

OWNER OR CONTRACTOR BOBBY CAMPBELL, JR DATE 4-20-98

ADDRESS 2541 S. CHIPLEY FORD, STATESVILLE, NC 28625 PHONE: Business 878-5138 Home 876-1278

LOCATION NC 115 N, TR S. CHIPLEY FORD, 1ST HOUSE ON LEFT PAST NIXON ROAD

SUBDIVISION CHIPLEY PARK BLOCK / SECTION ____ LOT ____ LOT AREA LIMITED SITE CLASS. F5 DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 1012 Date 2-27-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet — Linear Feet —

No Lines — Trench Width — Max Trench Bottom Depth — Gravel Depth —

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

System Description: ____

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

☐ Other ____

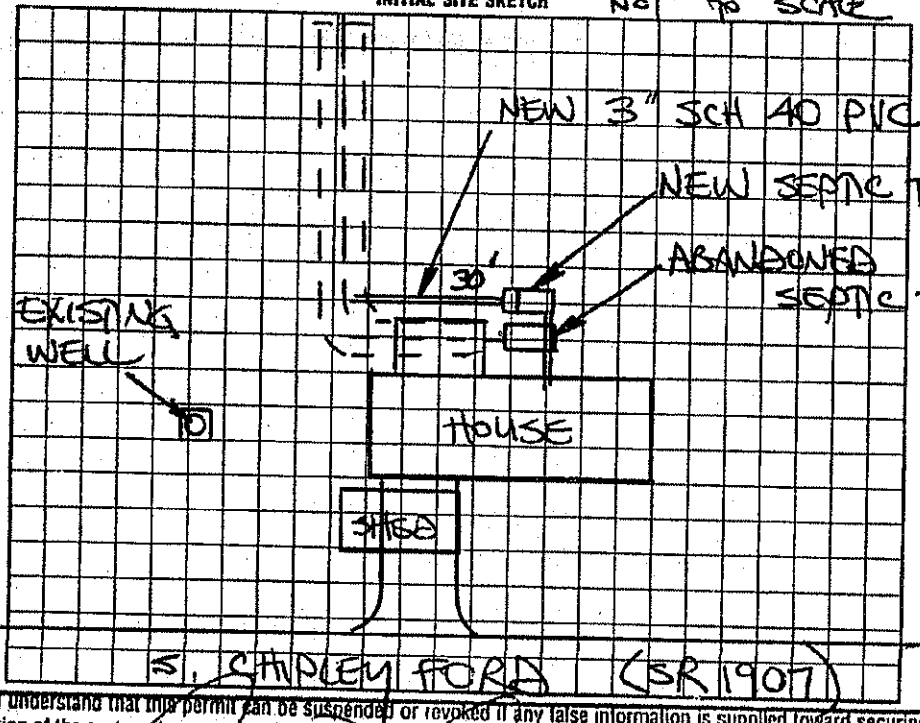
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

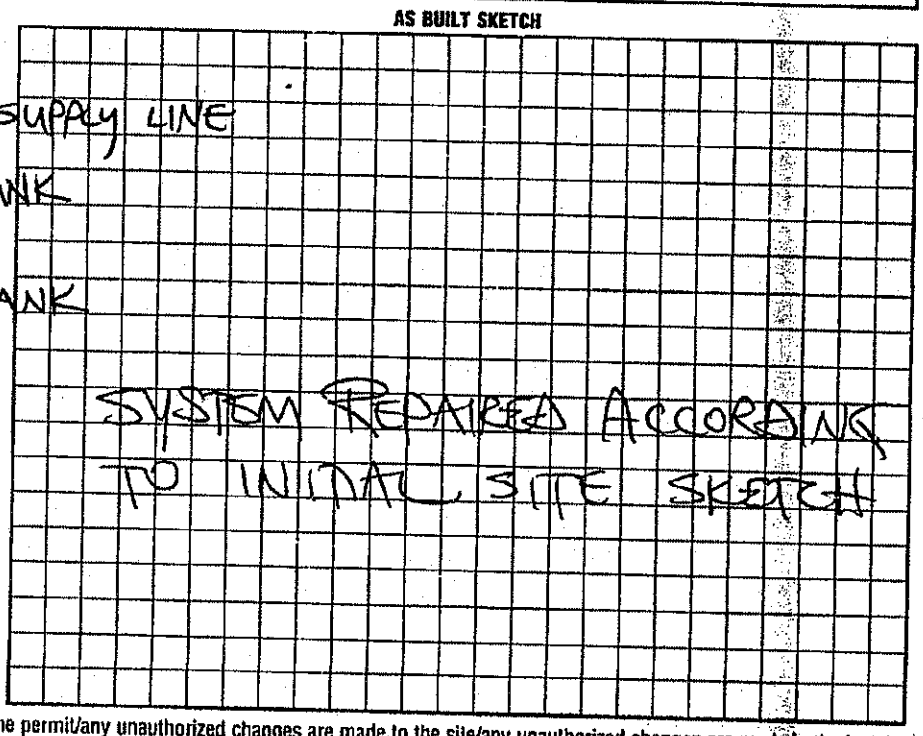
Comments:/Conditions: ABANDON EXISTING SEPTIC TANK BY CAVING IT IN & FILLING WITH DIRT FROM NEW SEPTIC TANK HOLE

Comments:/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



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 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: Cindy K Crutchfield date 4-20-98

Improvement Permit by: STEVE HEDRICK date 4-20-98

Authorization to Construct by: STEVE HEDRICK date 4-20-98

Installed by: DONALD LACKEY

Operation Permit by: STEVE HEDRICK date 4-27-98

Existing System Inspection by: ____ date ____

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