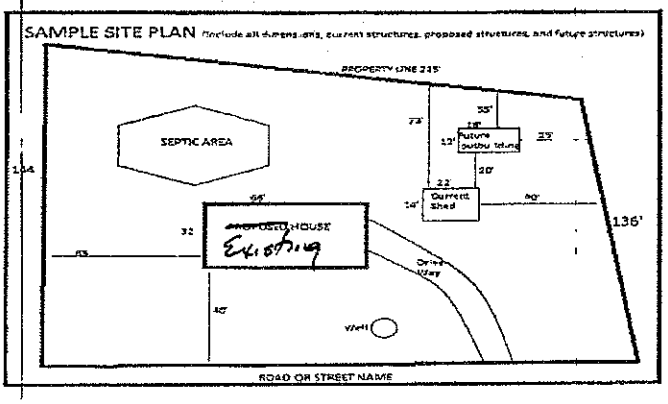
IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
SITE PLAN WORKSHEET

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!!!***

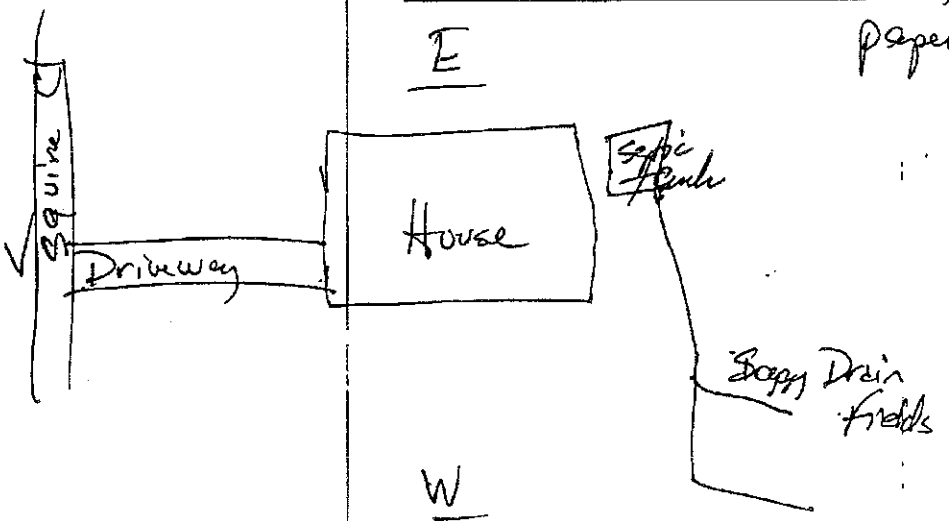
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... _____ All proposed structures are indicated...

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 2 Hand paperwork from 1987



Signature: "Bob" James Robert Farmer
REQUIRED property owner or owner's legal representative signature.

9/8/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

Ground Absorption Sewage Disposal System – G.S. Chapter 130 Article 9(C)

OWNER OR CONTRACTOR [illegible] DATE 7-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 901 West Lot 85 S. R. No. _____

SUBDIVISION NAME [illegible] LOT NO. _____ SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clayey

Garbage Disposal Unit Yes (X) No ( ) Percolation Rate 47

Auto. Dishwasher Yes (X) No ( ) Topography Rolling

Auto. Wash Machine Yes (X) No ( ) Depth to Water Table 10+

Site Suitable Yes (X) No ( ) Rock or other impervious formations none

Lot Area 1/2 acre

Basement with Plumbing ____ Basement without Plumbing ____ No Basement X

Size of Tank 1250 Gals.

Nitrification Field:

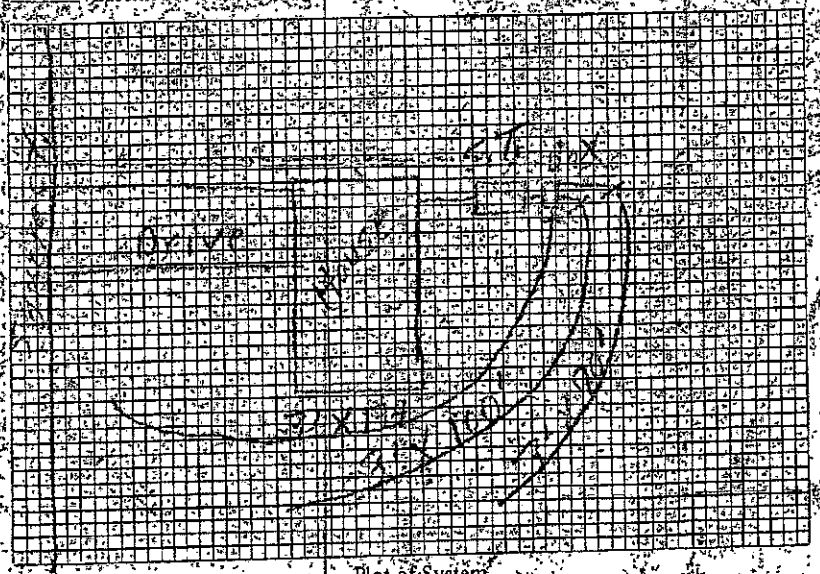
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X)



Plot of System

Installed by A-1 Backhoe Service

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 9/8/16 The proposed drain lines as drawn above extending west & turning North do not appear to be where they were placed in 1987. Also flower bed to the North side of existing tank can be (over)

CERTIFICATE OF COMPLETION BY [illegible] DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold