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

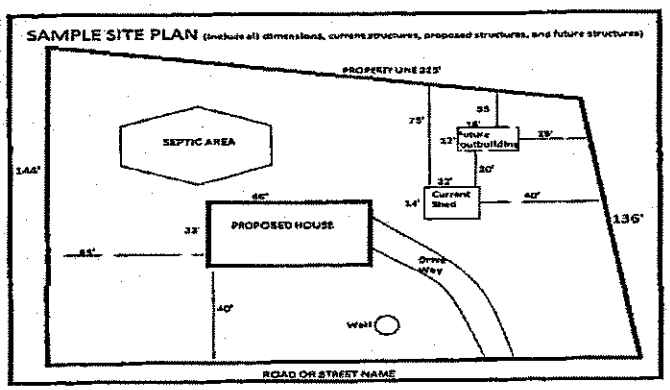
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

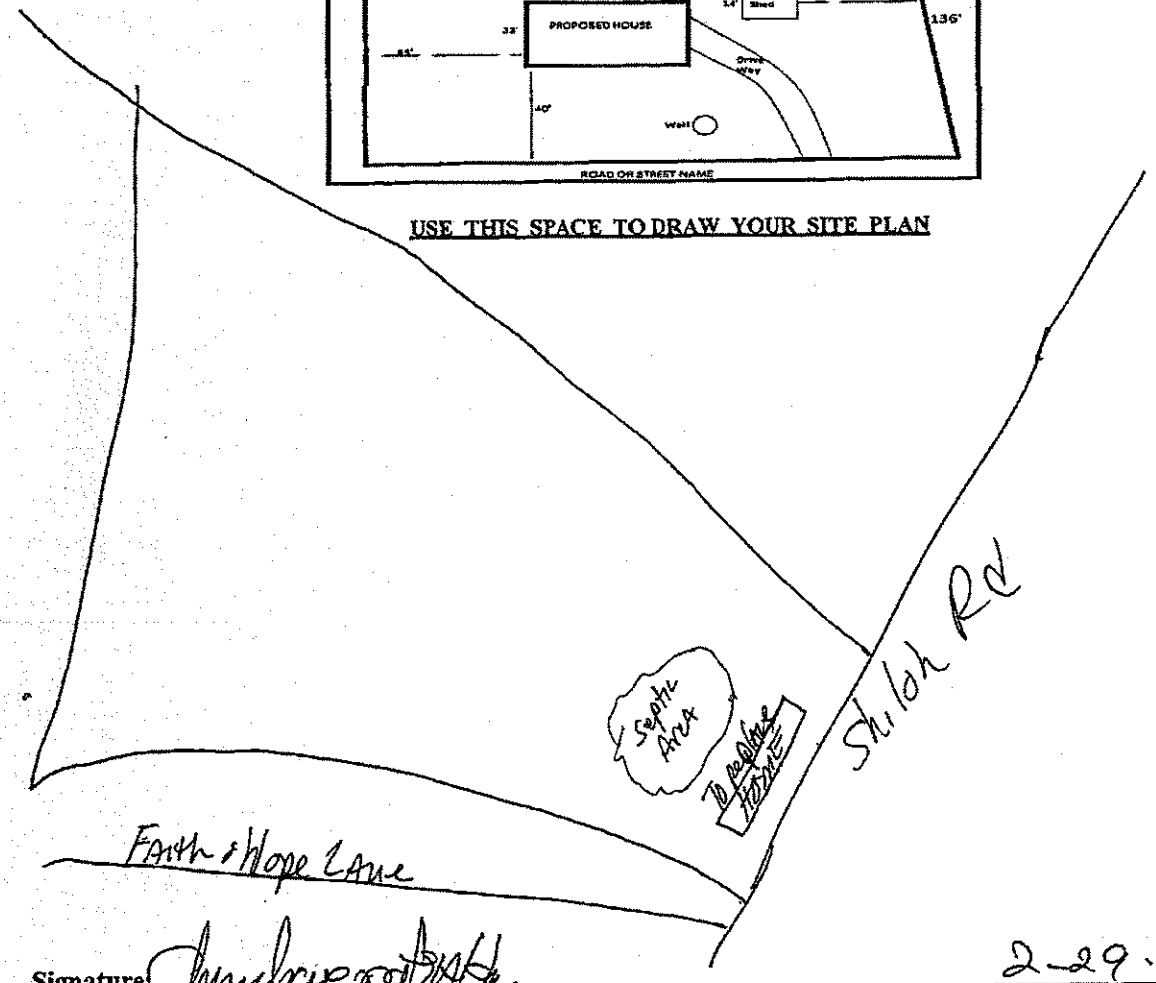
Circle N/A on the following if appropriate:

_____ 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: _____

REQUIRED property owner or owner's legal representative signature.

2-29-2016

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# 4752-61-5873 DATE 3-10-06

OWNER OR CONTRACTOR THOM PATSAKHAM PHONE: Business 704-495-5073 Home 704-495-5066

ADDRESS 840 SHILOH RD, STATESVILLE, NC 28677

LOCATION US 70 EAST, TR SHILOH ROAD, ON RIGHT AT FAITH & HOPE LANE, BOX #840

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.06 Acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

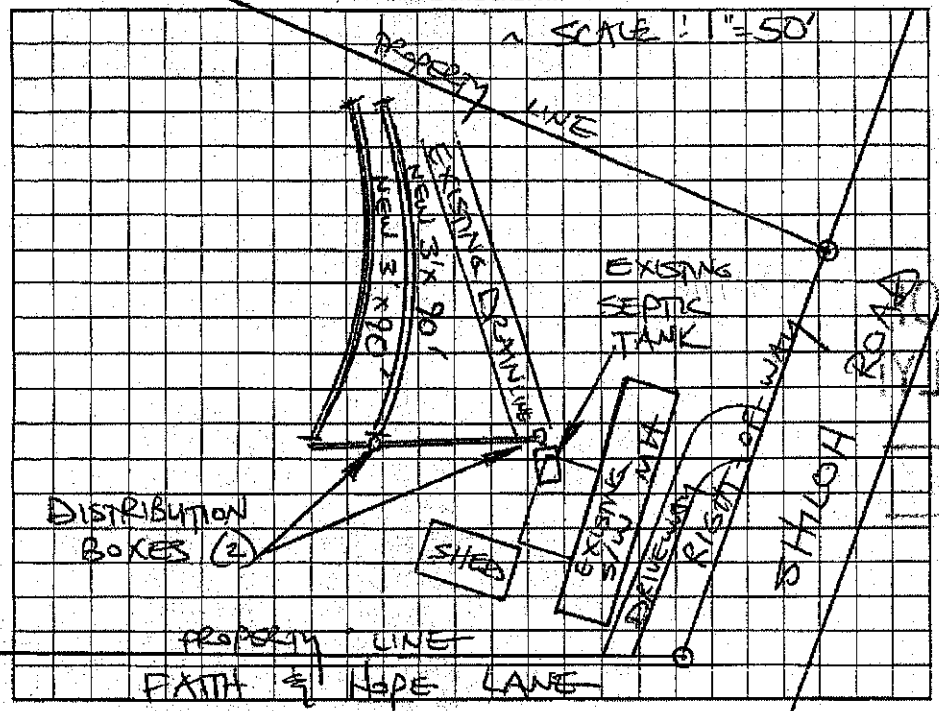
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

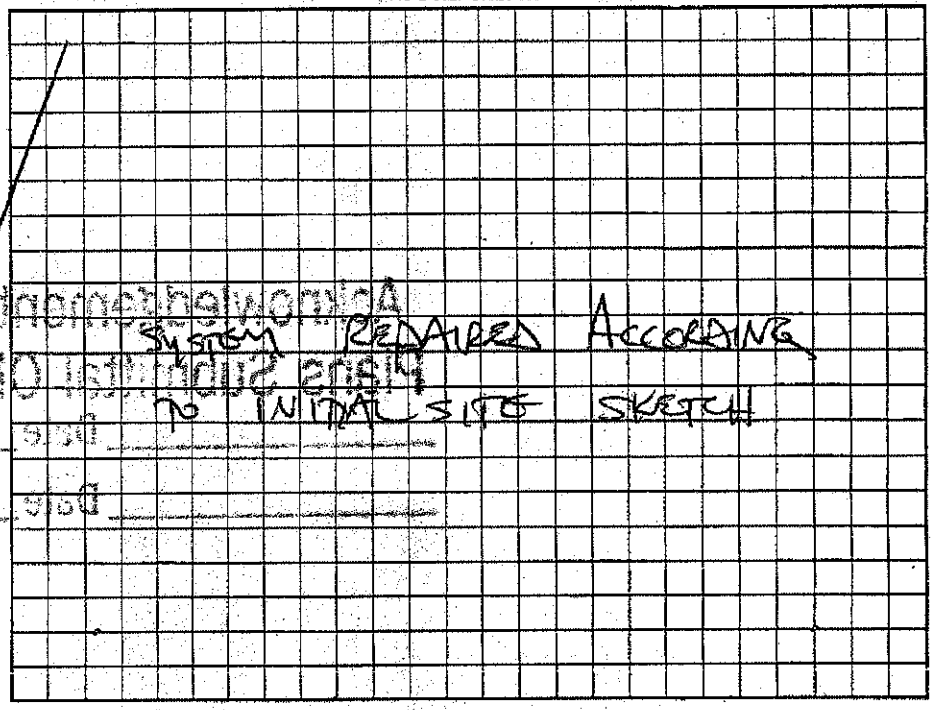
Comments/Conditions: (1) INSTALL NEW DISTRIBUTION BOX(ES) AS SHOWN (2) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

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 (+) Jonathan Patrick 3/10/06 date _____ Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-10-06 Operation Permit by: STEVE HEDRICK date 3-17-06

Authorization to Construct by: STEVE HEDRICK date 3-10-06 Existing System Inspection by: _____ date _____

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