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

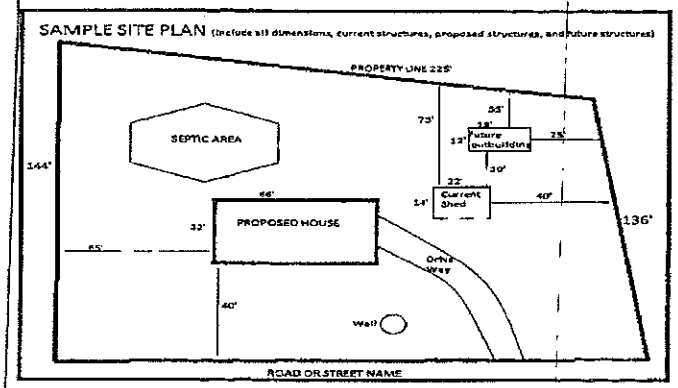
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

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

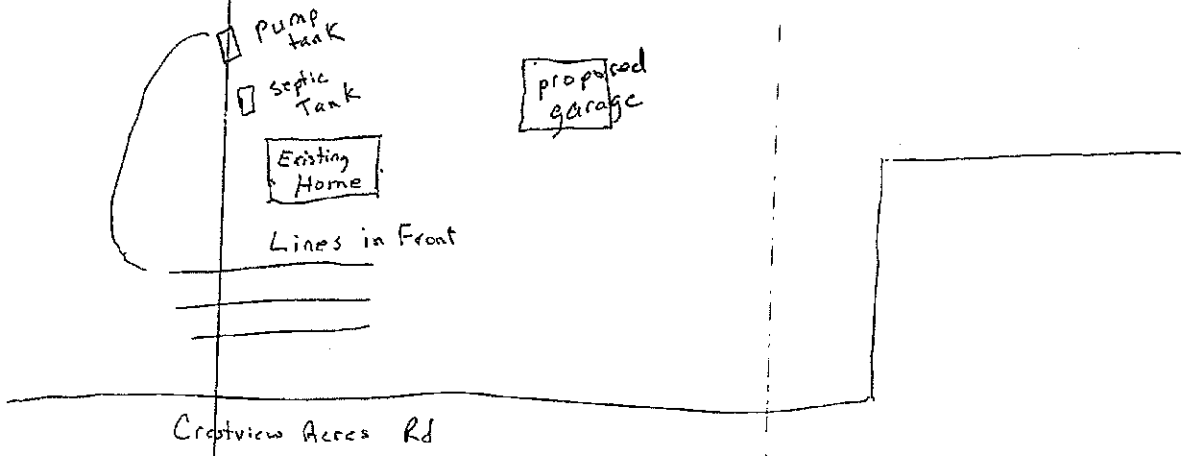
Circle N/A on the following if appropriate:

_____ 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: Doug Adams

REQUIRED property owner or owner's legal representative signature.

4-15-2016

DATE

3-30 10:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135589 PIN# 4752963057 5232 DATE 2 Aug 07

OWNER OR APPLICANT ~~Amy Johnson~~ Doug Adams PHONE: Business 704-929-1225 Home 704-872-2097

ADDRESS 200 Quinfield Mooresville NC 28115

LOCATION Amity Lane Rd Tobe Creek Rd Crescent Heights in Circle

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 24.35 SITE CLASS. B5 DESIGN FLOW 360 L.T.A.R. .82

Septic Tank: 1000 Gallons; STB 385 Date 12-01-07
Pump Tank: 1000 Gallons; PT 302 Date 11-3-07
Pump Make: Zoeller Model N157 Serial No. _____
Nitrification Field: No Fields ___ Square Feet 2400 Linear Feet 600
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% ~~Expand~~ Pump on
Repair System Description: 25% pump on
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____
No. Bedrooms 4 No. Persons 3 No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

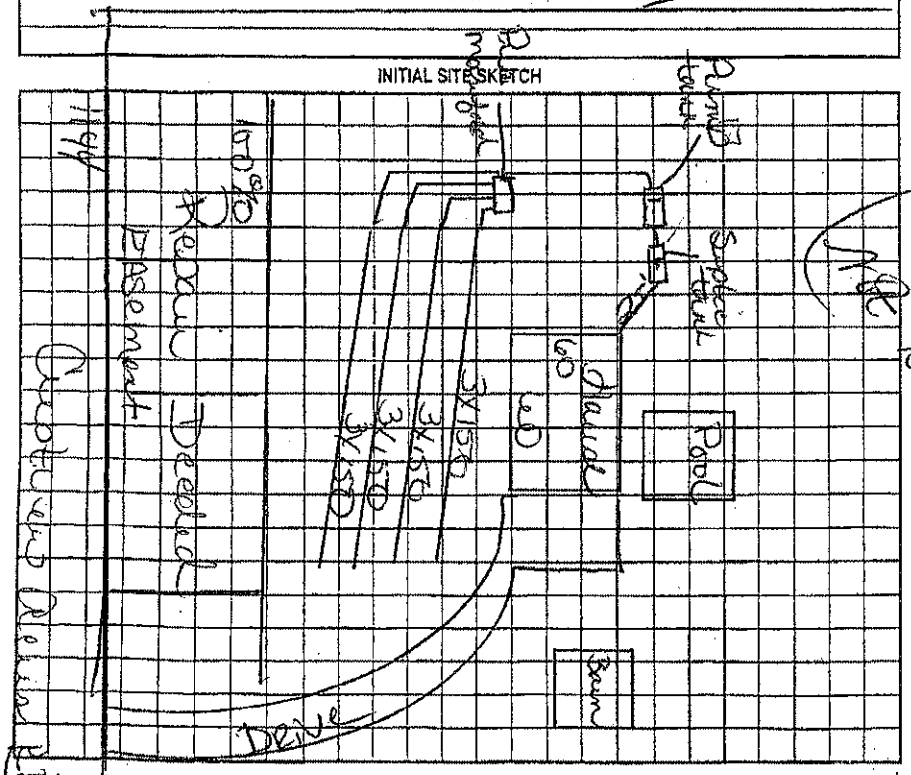
Comments:/Conditions:

82c

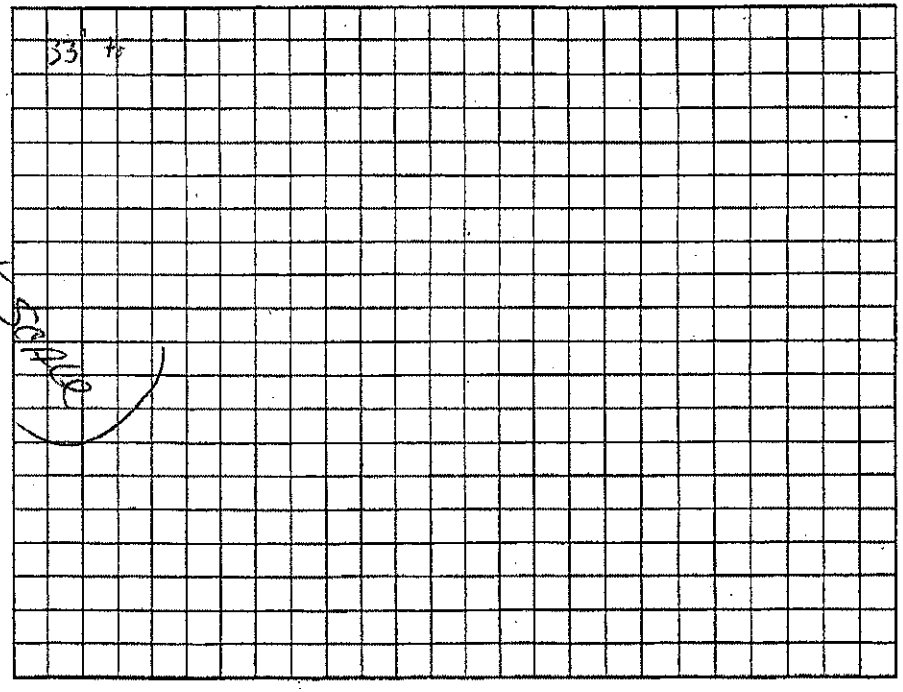
Comments:/Conditions:

Blue Polylock Filter

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: Denise Adams date 17 Aug 07 Installed by: Rowan

Improvement Permit by: Kelly Cook date 2 Aug 07 Operation Permit by: _____ date 3-24-08

Authorization to Construct by: Kelly Cook date 2 Aug 07 Existing System Inspection by: _____ date _____

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