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…**

✓ **Area you prefer your septic system to be placed…**

✓ **Preferred driveway location and configuration, preferred well location…**

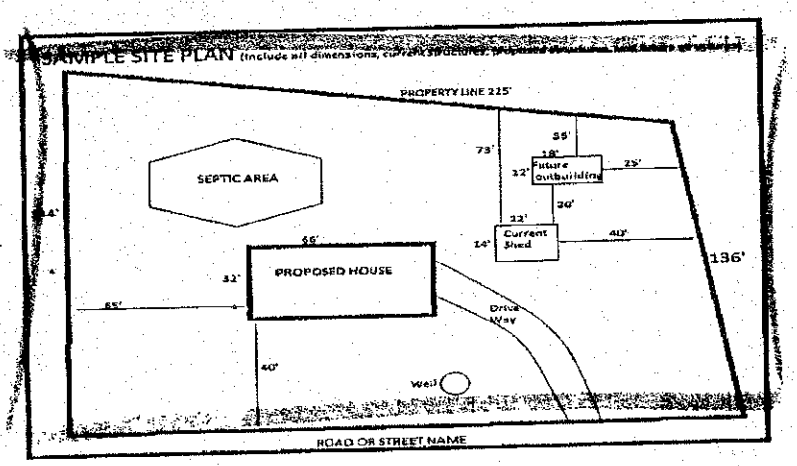
✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

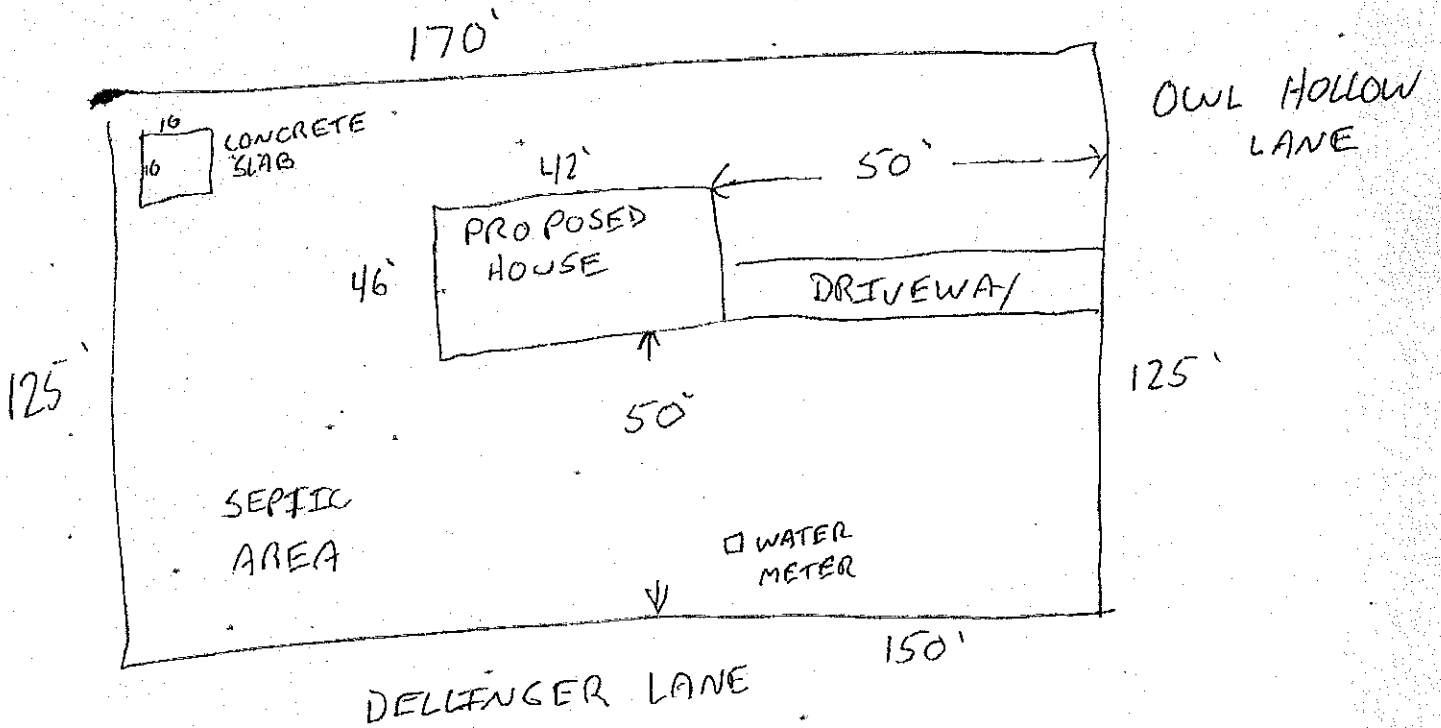
____ **Location of septic systems and wells within 100' of your property… N/A**

____ **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.**

9/10/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Phil Dearman DATE 8-11-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1024 Dellinger Dr.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

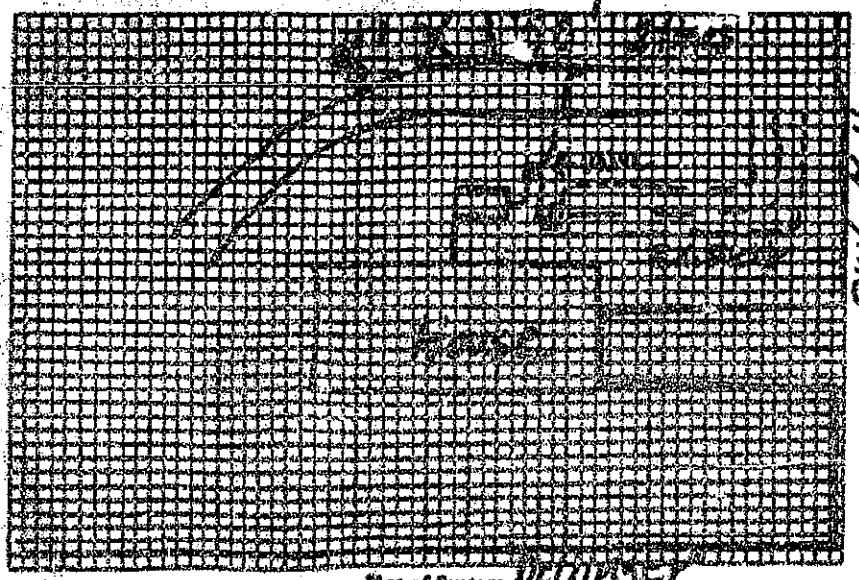
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 24
Topography Rolling
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Dellinger

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 1040 Linear Ft. 260
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: New lines are on Numbers 1 on valve & Switch during 6 mos.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-11-89

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