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

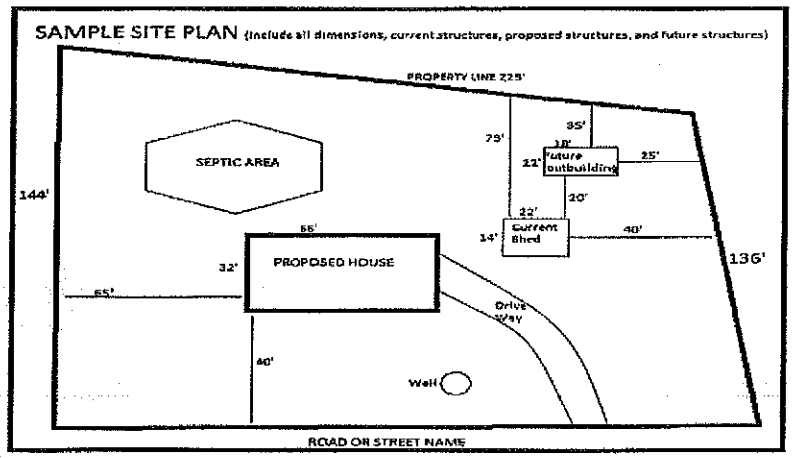
_____ **Front and side setbacks from property line…** _____ **Preferred driveway location and configuration, preferred well location…**

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

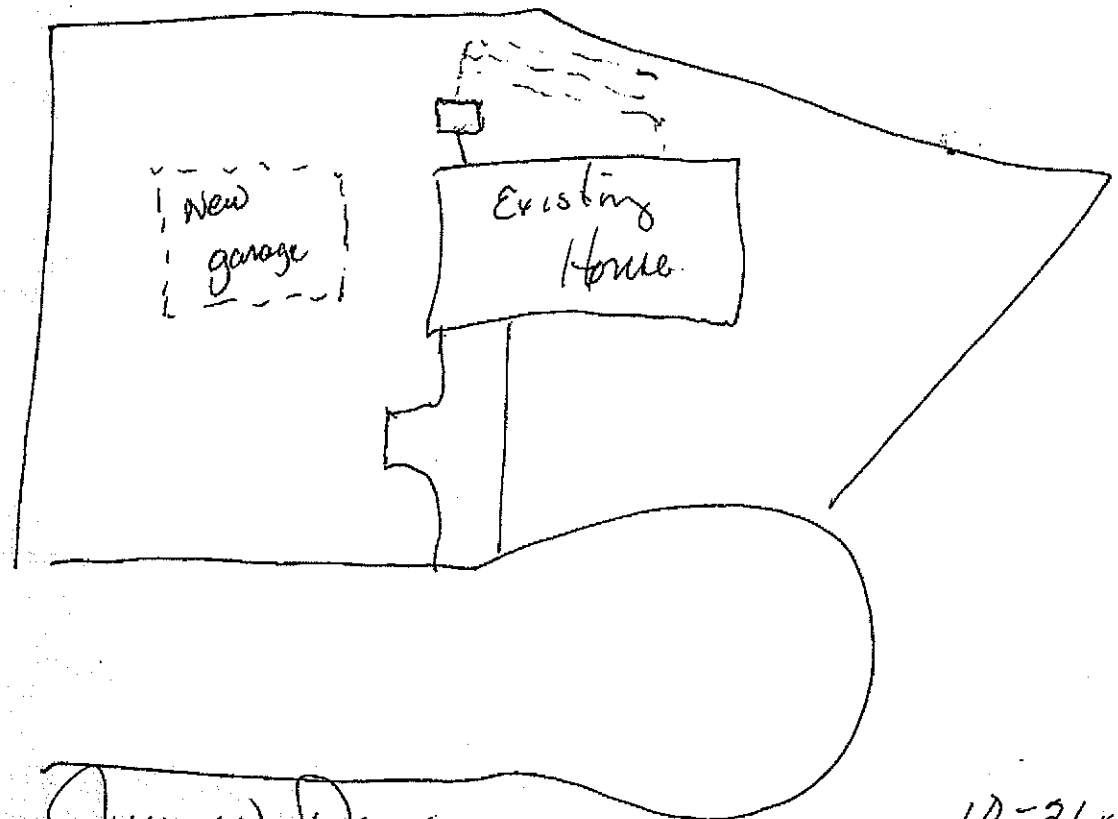
Circle N/A on the following if appropriate:

_____ **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: _____ 10-21-15

REQUIRED **property owner or owner's legal representative signature.** **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 Alfred Levan DATE 6-15-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jane Sowers Rd Turn on meadowview Dr. Turn on Dellinger Rd Then TR on owl Hollow Lane at end on L S. R. No. _____

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

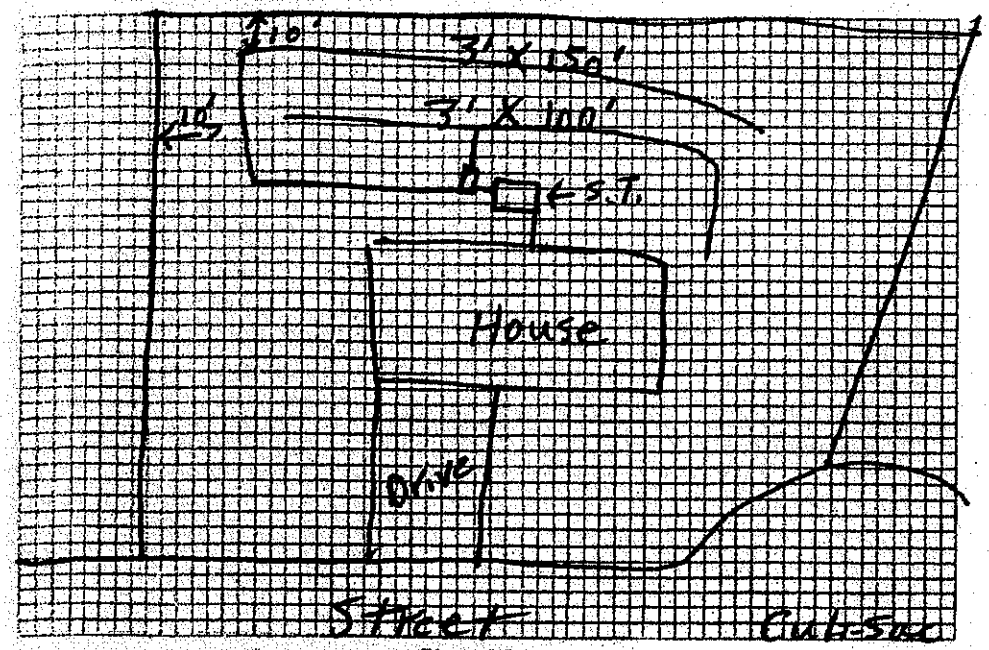
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.6	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 20	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area 15,000 SF +

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry Pierce 8-19-81 amended 6-14-83 tcm

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 6-15-83

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