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...** ____ **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

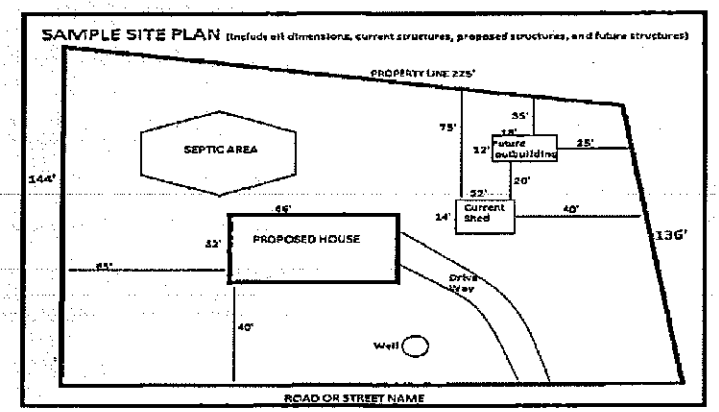
X **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

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

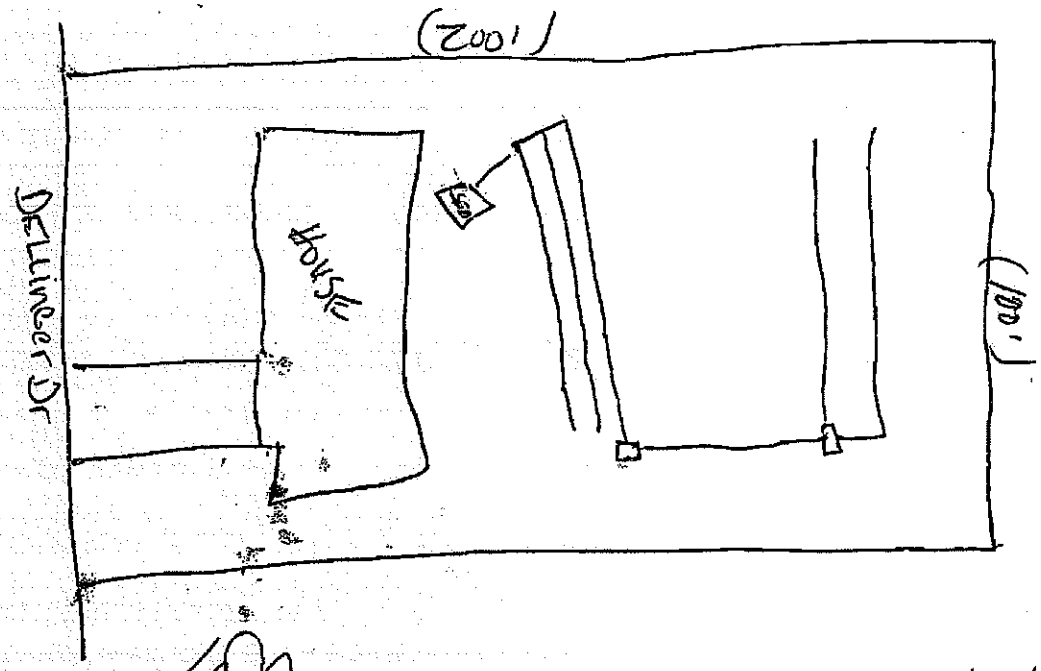
Circle N/A on the following if appropriate:

X **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: K. [illegible] 4/2/2017

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21788

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

PIN # 4756563013

APPLICANT: Kevin Osborne APPLICANT ADDRESS: 166 Dellinger Dr Statesville NC

SITE ADDRESS: 166 Dellinger Dr Statesville NC PHONE: 704-876-0152 ALT. PHONE: N/A

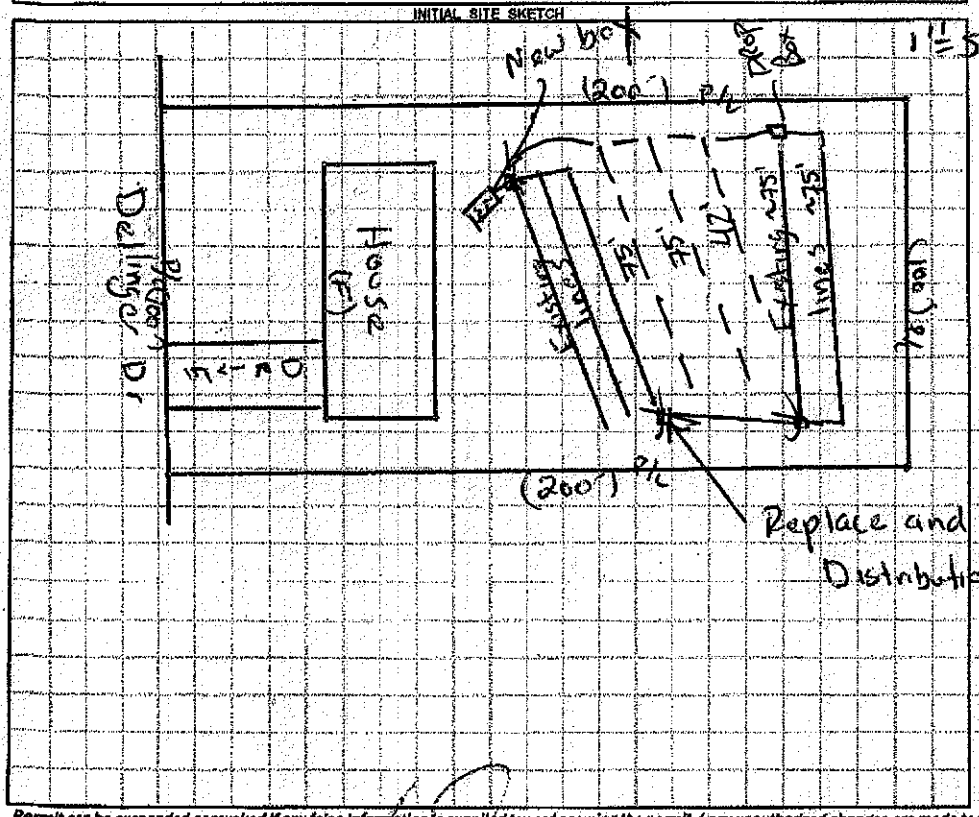
SITE DIRECTIONS: 21N T/R Jane Sowers T/R Donna Ln T/L Dellinger Lot on right

SUBDIVISION: Meadowview SECTION: 52M1 LOT # 59 LOT AREA: 0.96ac DESIGN FLOW: 360 L.T.A.R.: Ex

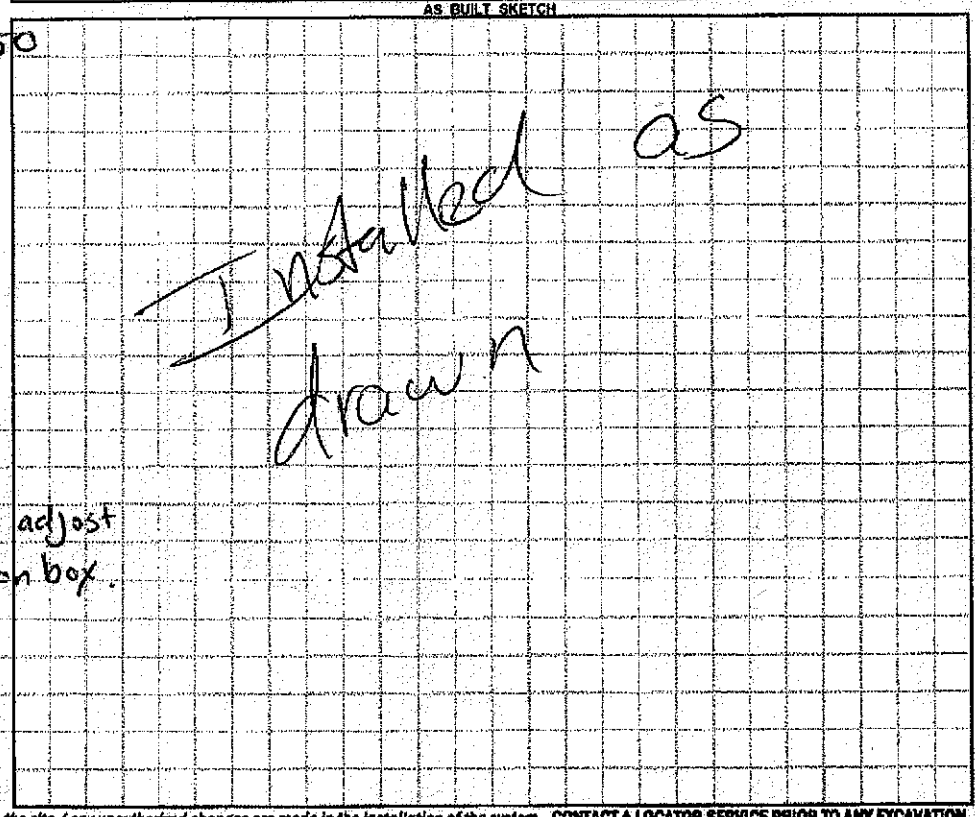
Septic Tank	Ex	(gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:		D-Box		☐ Business	No. Persons	6	☐ Private
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees		☑ Public
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth Ex		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Replace distribution box and adjust to fill last of upper lines before stepping down.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 03/15/16 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Date: 03/15/16 OPERATION PERMIT by: Date: 03/28/16

AUTHORIZATION TO CONSTRUCT by: Date: 03/15/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK