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

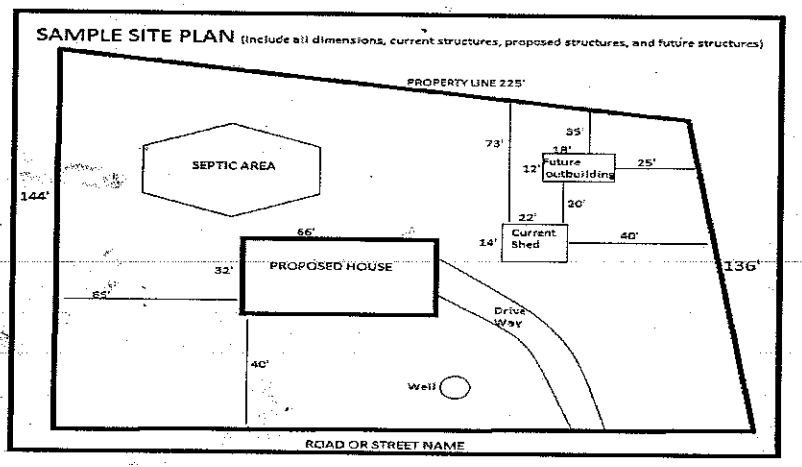
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

Circle N/A on the following if appropriate:

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

N/A **Location of easements and rights of ways on your property... N/A** N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: Daniel C Tollen

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

12/30/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

61379 4:30

PROPERTY DESCRIPTION NO. 23637 DATE 5-31-96 TAX MAP NO. 5M-A-68

OWNER OR CONTRACTOR Tim McCoy PHONE: Business _____ Home 873 1481

ADDRESS 2016 Northside Drive Watershed: ☐ Yes ☐ No

LOCATION 70 E TR Nabors RD TR Wayne 3rd lot Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .529 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 744 Date 3-14-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II, III, IV, V, VI)

System Description: Conventional

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

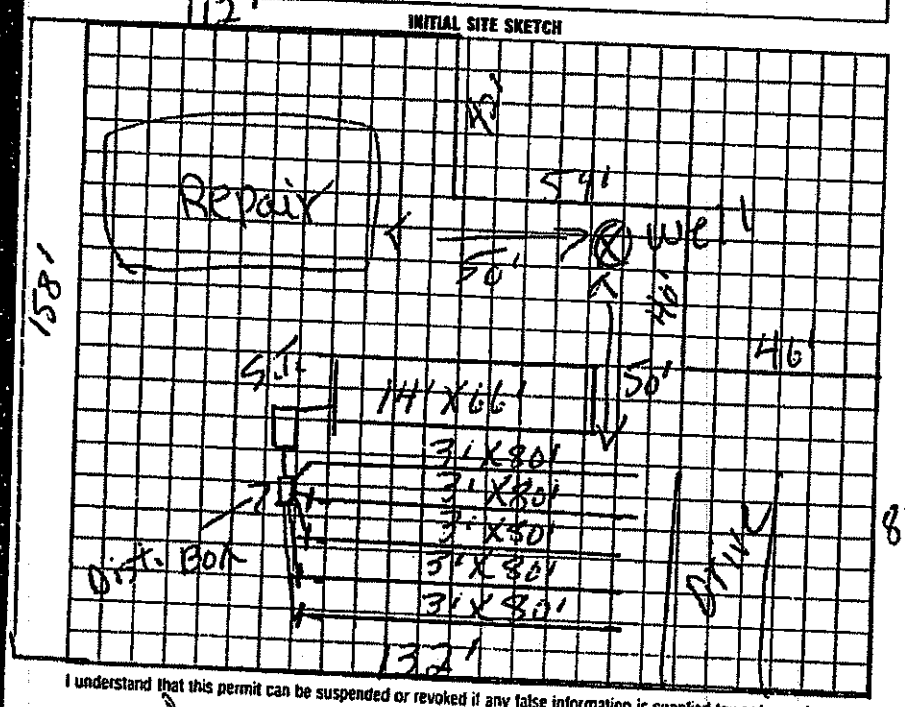
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

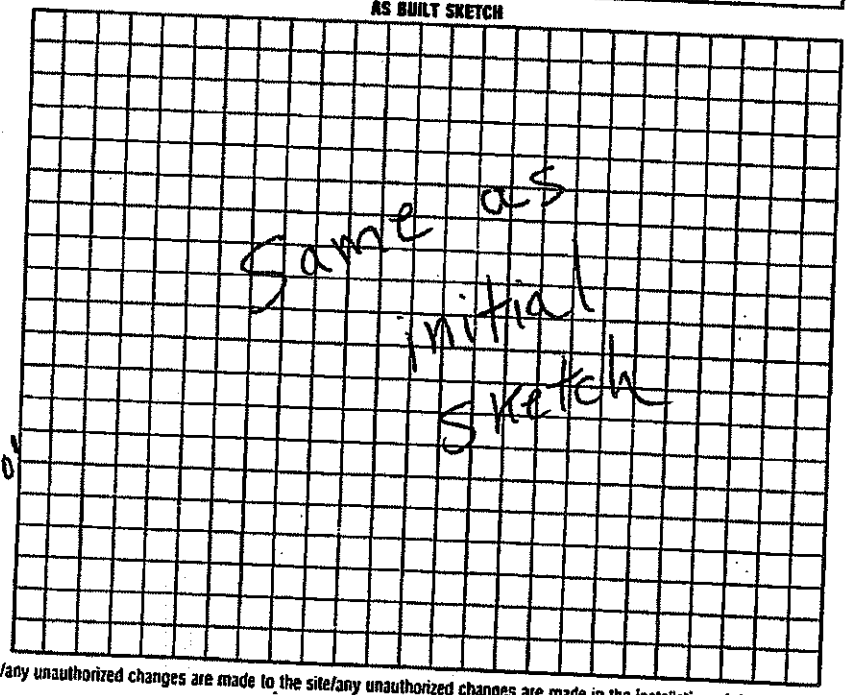
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: Tim Hall

Improvement Permit by: L.C. Moore date 5-31-96

Authorization to Construct/Existing System Inspection by: L.C. Moore date 5-31-96

HEALTH DEPT COPY WHITE — INSPECTION COPY (INITIAL) BLUE — OWNER COPY (INITIAL) YELLOW

Authorization to Construct. Expires 180 days from issue.

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: L.C. Moore date 6-5-96

INSPECTION COPY (INITIAL) PINK — OWNER COPY (INITIAL) GOLD