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

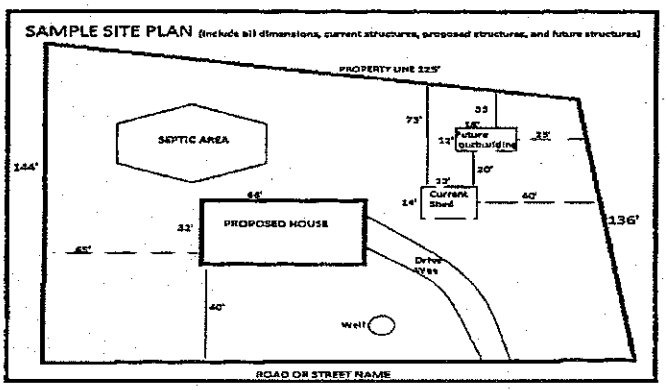
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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

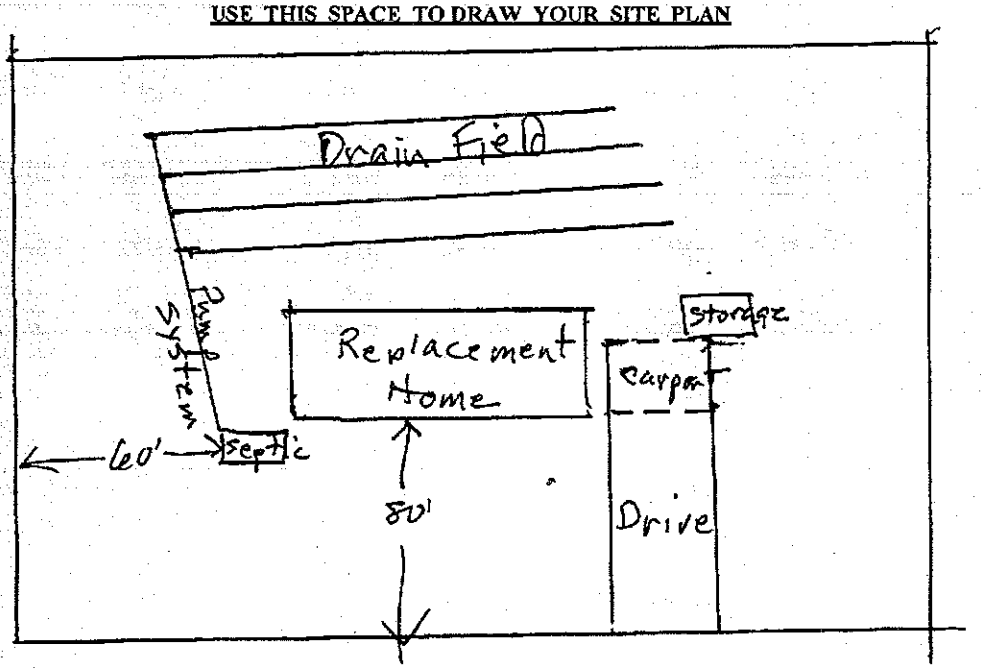
Circle N/A on the following if appropriate:

_____ **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: Larry Pittman

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

5-18-16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 NOT FOUND MOORESVILLE 704-664-5281

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

PERMIT# 091651 PIN# 4789.12.0903 DATE 10-6-00

OWNER OR CONTRACTOR RICHARD SUTHERLAND PHONE: Business Home (540) 389-9491

ADDRESS HC 4 BOX 28 D, BEE VA, 24217

LOCATION US 21 N, TR BETHEL RD, TL SHAW RD, TR STAGECREST DR, 3RD LOT ON RIGHT

SUBDIVISION RIMROCK EST BLOCK / SECTION ____ LOT 12 LOT AREA 0.666 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1017 Date 4-16-03

Pump Tank: 1000 Gallons; PT 17 Date 8-16-03

Pump Make: MYERS Model MW50-1P Serial No. 2603BD1D1

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

No Lines FOUR 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 PUMP

Repair System Description: 50% REDUCTION, PUMP

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

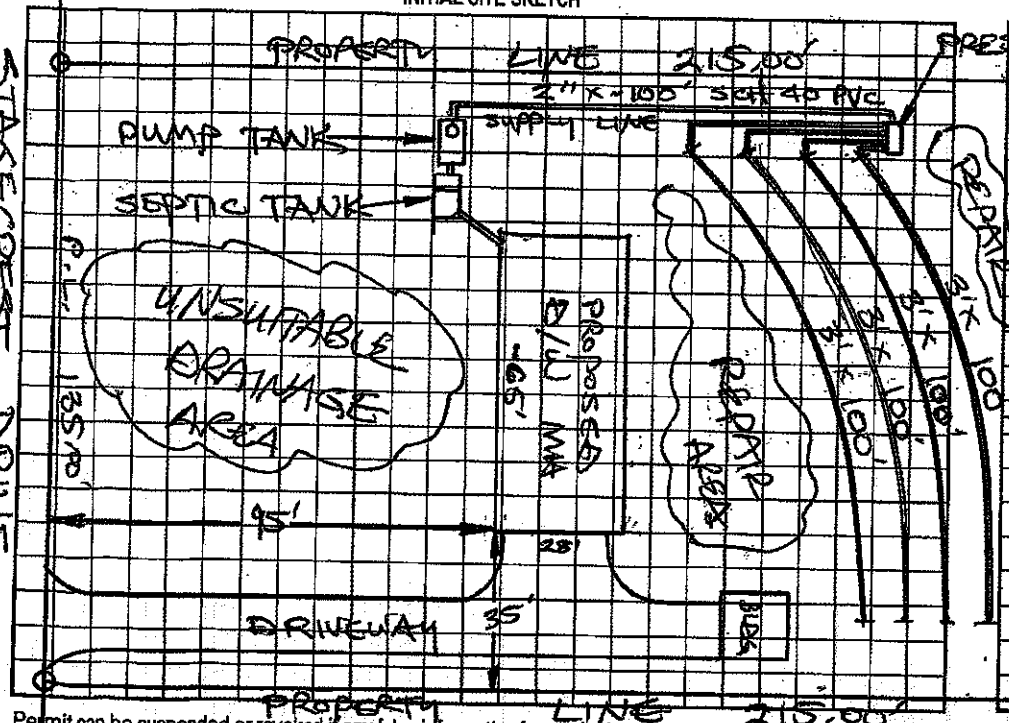
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

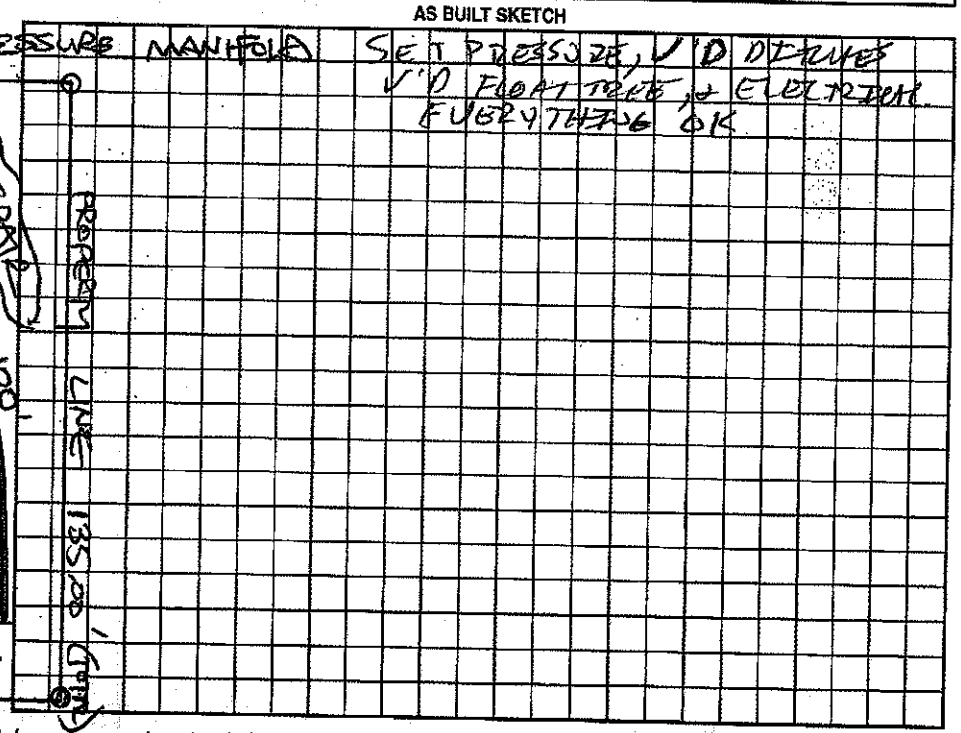
Comments:/Conditions: TUFF TITE FILTER & MARKER INSTALLED AS DRAWN. NEEDS PRESSURE, ELECTRICAL, & RETURN LINE UP DITCHES. NEEDS FALL & XTRA GRAVEL

SCALE: 1"=40'

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: + Richard P. Sutherland date 10-6-00

Improvement Permit by: STEVE HEDRICK date 10-6-00

Authorization to Construct by: STEVE HEDRICK date 10-6-00

Installed by: CRAIG THOMPSON

Operation Permit by: ____ date 11-4-03

Existing System Inspection by: ____ date ____

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