## 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***

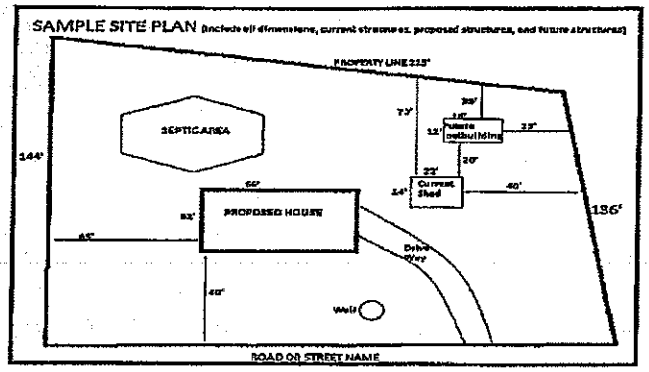
**_____ Front and side setbacks from property line...** **_____ Preferred driveway location and configuration, preferred well location...**

**_____ 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**

see permit below from 2009 for site plan

**Signature:** _____ _____

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

**IREDELL COUNTY HEALTH DEPARTMENT** STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

**IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION** (60)

PERMIT # 157715 PIN # 4822958738 DATE 9-2-09

OWNER or APPLICANT Steven + Theresa Goodwin PHONE: Business Home: 704 657 8005

OWNER or APPLICANT ADDRESS 162 Emanuel Rd.

LOCATION / DIRECTIONS 115N, (R) on New Prospect, (L) on Ayrock, 1st on L

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 7.6 DESIGN FLOW 240 LTAR

Septic Tank Ex. Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitification Field No Fields Ex. No Lines 1 Linear Feet

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex. ☐ GRAVITY ☐ PRESSURE

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: Gravel Bed

Repair System Description:

Maintenance Agreement Required ☐ YES ☐ NO

☒ Residence No. Bedrooms 2

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

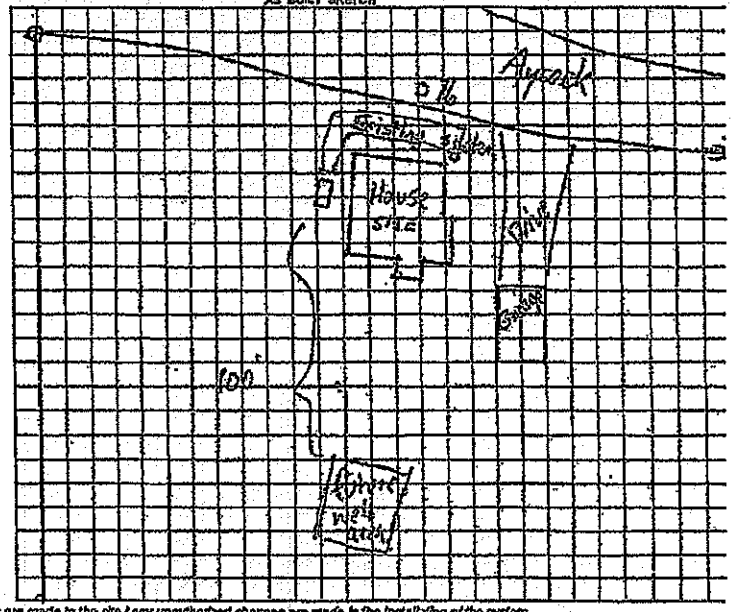
Comments / Conditions

See well permit

Comments / Conditions

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 5*

Owner / Applicant Signature: Betty Rae Daniel Date 9-8-09

Improvement Permit by: Date

Authorization to Construct by: Date

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

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 9-2-09

WHITE COPY Environmental Health / YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

DocuSign Envelope ID: 017955F2-1251-4FE4-A170-F864F5C41696