3 Bed Room

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

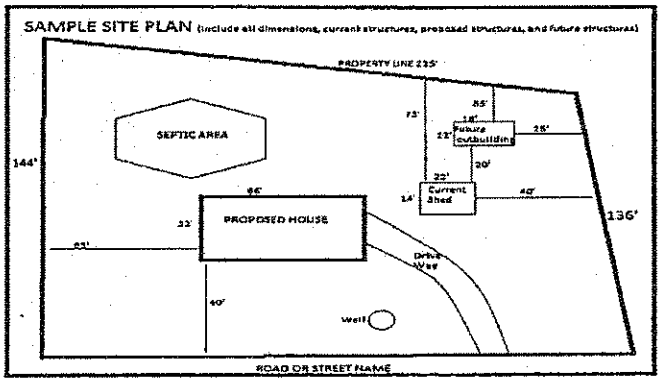
X **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

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

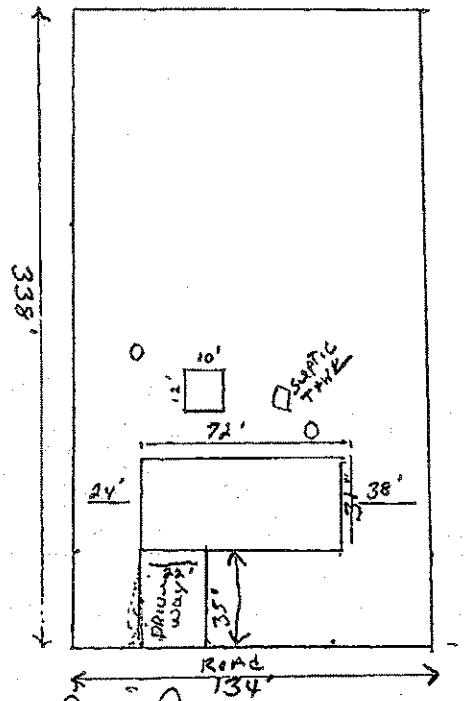
Circle N/A on the following if appropriate:

____ **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: Carolyn Deegan

REQUIRED property owner or owner's legal representative signature.

5-22-16

DATE