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...

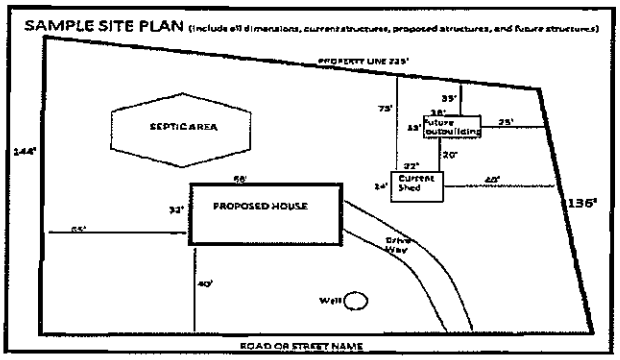
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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

X 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 Attached Drawing

Signature: Stephen AK

REQUIRED property owner or owner's legal representative signature.

11-03-16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078348 PIN# 4863 50 2713 (PART) DATE 12-7-98

OWNER OR CONTRACTOR BRYAN WATKINS PHONE: Business ____ Home 962-9854

ADDRESS P.O. BOX 21, UNION GROVE, NC. 28689

LOCATION I-77N TR NO 901 TL CRATER TR CARTWRIGHT, TL TRIVETTE, TR WHISPERING PINES AT END ON L

SUBDIVISION CHESHIRE PINES BLOCK / SECTION III LOT 27 LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons: STD 620 Date 12-10-98
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field, No Fields 1 Square Feet 1200 Linear Feet 300
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Stone Depth 3 IN & 6"

V New System Repair System Type: I, II, III, IV, V
System Description 25% REDUCTION SPANN
Repair System Description 25% REDUCTION SPAN
Maintenance Agreement Required: Yes V No

V House/Mod Home No. Bedrooms 3
V Mobile Home No. Bathrooms 2
N Business No. Employees ____
Other ____

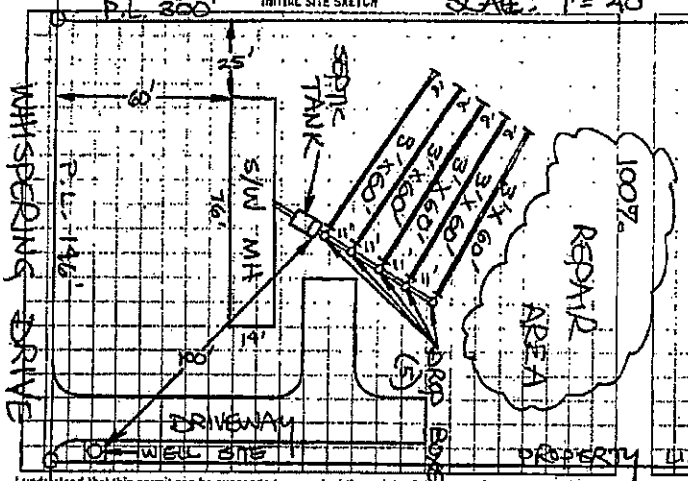
Soil: V Crawl Space Basement w/plumbing Basement w/o plumbing

Water Supply: V Individual L Public I Community WELL

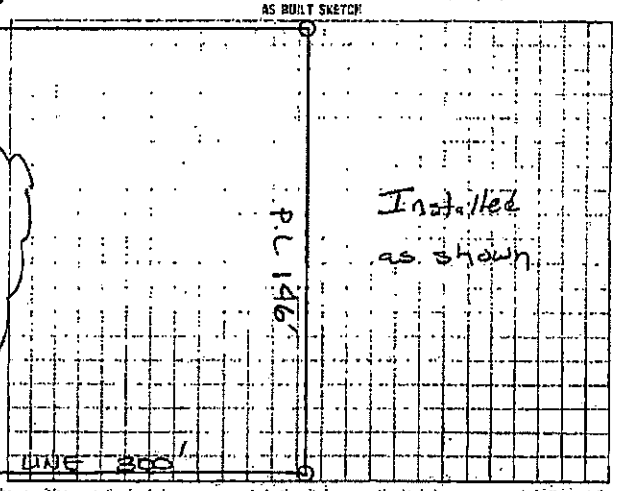
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL 25% REDUCTION SYSTEM USING FIFTH CHAMBERS (6') OR THIRTY H.D.S. SECTIONS (10") ON CONTOUR AS SHOWN.

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 40'



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. 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: Elizabeth J. Watkins date 12-7-98 Installed by: Brent Galliher

Improvement Permit by: STEVE HEDRICK date 12-7-98 Operation Permit by: Mary Clay RS date 3-11-99

Authorization to Construct by: STEVE HEDRICK date 12-7-98 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY WHITE · INSPECTION COPY (FINAL) GREEN · OWNER COPY (FINAL) YELLOW · INSPECTION COPY (INITIAL) PINK · OWNER COPY (INITIAL) GOLD