# REDELL COUNTY HEALTH DEPARTMENT
## *ENVIRONMENTAL HEALTH DIVISION*
### Application for SEPTIC REPAIR PERMIT

*(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)*

1. **APPLICATION FOR:** ___ Improvement Permit ___ Authorization To Construct ___ BOTH _X_ Existing System Inspection

2. **Page 2: Site Plan Worksheet Form MUST Accompany This Application**
   **The following optional attachments may also be submitted:** ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   *Place check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| James Kelly Shaye | 175 Walnut Tree Rd | 704-873-0473 | 828-241-6236 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
| SAME as above | | | 682-1663 |

4. **Property Information:**

Street Address ____ Subdivision Name ____ Section/Phase and Lot Number ____

Driving Directions: I-40 west to Sharon School Rd. exit. Turn right onto Sharon School Rd. Travel approximately 150' then turn left onto Walnut Tree Rd. The House is the 6th on the left (House #175)

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System
( ) Other ____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

**IF Non-Residential Site Development:** Type of Business ____
Square Footage of Building ____
Maximum Number of Employees ____
Maximum Number of Seats ____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* **EXISTING SYSTEM**

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____ (✓) No Preference

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** James Kelly Shaye — 9-3-2010
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE