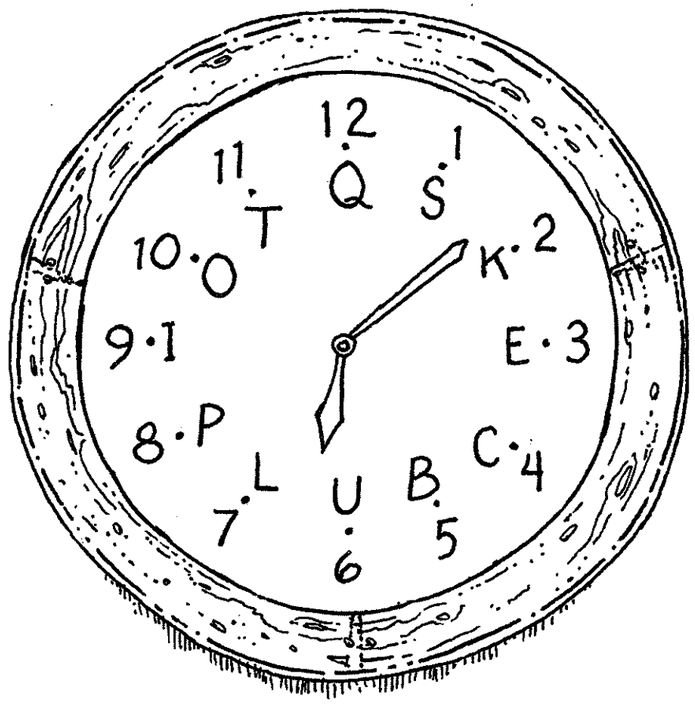


_ _ _ _ _ !

12 6 9 3 11

_ _ _ _ _ _ _ _ !

5 3 1 11 9 7 7

While Jesus was sleeping on a boat, a terrible storm came.
The disciples woke Him up. "Don't You care if we drown?" they asked.
Then Jesus spoke to the wind and waves.
What did He say?

Use the code on the clock to write the letters on the lines.
Then read the answer.

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H E S G D R N M

R D S R X N T

E Q D D, X N T

V H K K A D

E Q D D H M C D D C.



Jesus does not want us to be trapped by sin.
He came to set us free!
What does the Bible say about freedom?

Write the letter that comes AFTER the letter under the line.
Then read the answer.

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IREDELL COUNTY HEALTH DEPARTMENT

RECEIVED JUL 14 2015
Paid $500.00
#212012

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 \ 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	Work Phone
Rollins Sell	P.O. Box 832 Mooresville NC 28115		704 746 5046
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
John Mikesh	130 Landings Dr. Suite 106 Mooresville NC 28117		704 607 8871

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Channel Pt. Lane Mooresville NC 28117	CLT	56 Lot 347

Driving Directions: Brawley Rd on Tuskamora, Lt on Syllabub Ln, Rt on Ballycastle, Lt on Channel Pt Ln, Lot on Lt.

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms 2

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(\) Basement w/Plumbing? Existing
( ) 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)*

( ) Alternative (\) Conventional Bed ( ) Innovative (\) Modified Conventional Expansion ( ) 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: _____ 7/13/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE