RECEIVED AUG 14 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $75.00

ENVIRONMENTAL HEALTH DIVISION

Approved 8/18/14 MB

Ltd Relayout

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(✓) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Ray Short **Address:** Mooresville, NC **Phone:** 704-516-2344

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 354 Barber Loop

Subdivision Name: Waburee Landing **Section/Phase:** 1 **Lot Number:** 35

Driving Directions: Brawley School to Chrikwood Rt on Barber Loop

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

House Box Has Moved

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Scott Kennedy 8/14/14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

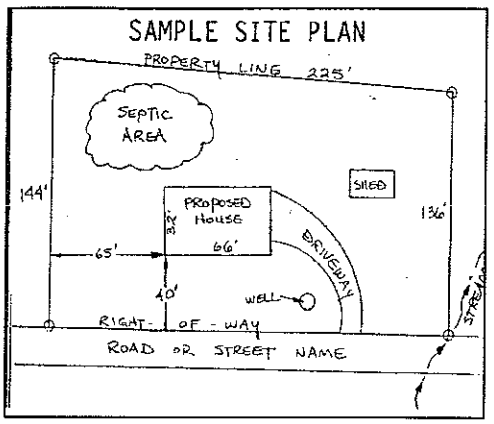
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

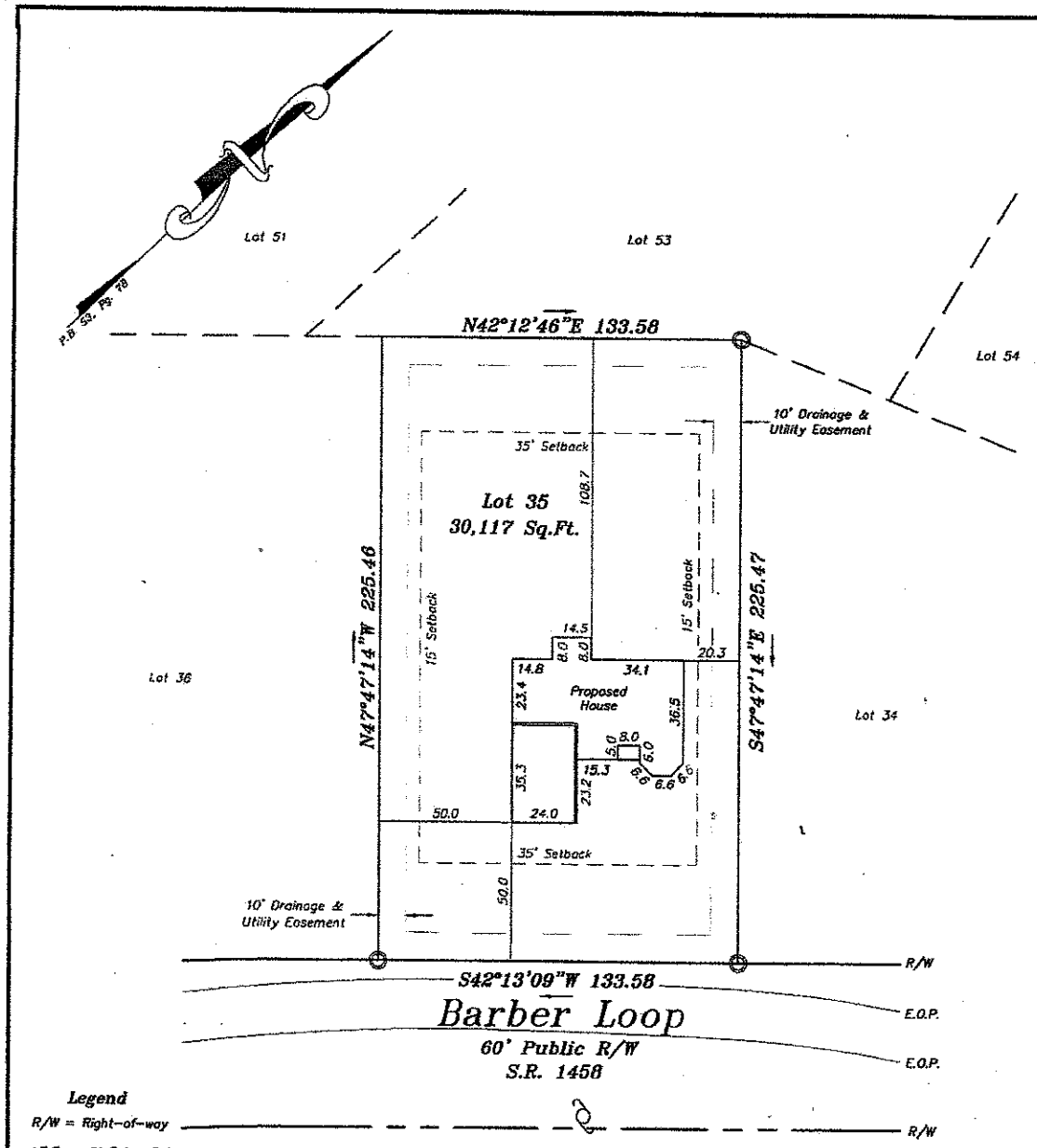
See Attached

Signature: Matt Kennedy

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/14/14

DATE



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
CP = Calculated Point
= Cable Pedestal
= Water Valve
= Utility Pole

Notes:

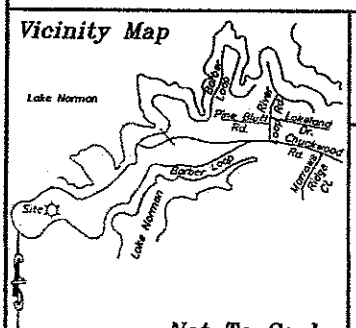
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 53 at Page: 78 as recorded in the Iredell County Register
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Vicinity Map



Not To Scale

Plot Plan

FOR

Lake Luxury Homes, Inc.

PROPERTY DESCRIPTION

Lot 35
Watertree Landing, Phase 3
P.B. 53, Pg. 78

Davidson Township
Iredell County, NC

SCALE: 1" = 50'

FIELD BOOK:

FILE: 2014-90

TAX MAP NO: 4616903116

Schambock Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

IREDELL COUNTY HEALTH DEPARTMENT

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Applicant Name: Lake Luxury Homes Address: P.O. Box 3792 Phone: (704) 516-2344

Owner Name: Ray Short Address: Mooresville NC 28117 Phone: _____

Property Information:

Street Address: 354 Barbara Loop

Subdivision Name: Waterfree Landing Section/Phase: _____ Lot Number: 35

Driving Directions: Church on RT Barbara Loop

Site Development Information: *(check or complete ALL that apply)*

(/) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
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Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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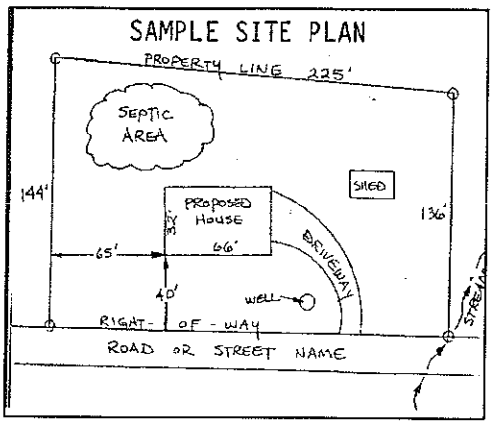
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SEE ATTACHED

I D

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/30/14

DATE