RECEIVED FEB 8'2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Int. Relayout #216485

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

Paid $125.00 2-12-16

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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: Contact Kathleen Saunders (704) 578-4951

Applicant Name: IQ Custom Construction Address: 840 Edmiston Rd Mount Ulla 28125 Phone: _____

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 222 Washam Rd 28117

Subdivision Name: Washam Point Section/Phase: _____ Lot Number: 12

Driving Directions: BSR, L 2nd Washam, 5th Lot on L

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 Plumbin

Non-Residential Site Development:

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

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: _____

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

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

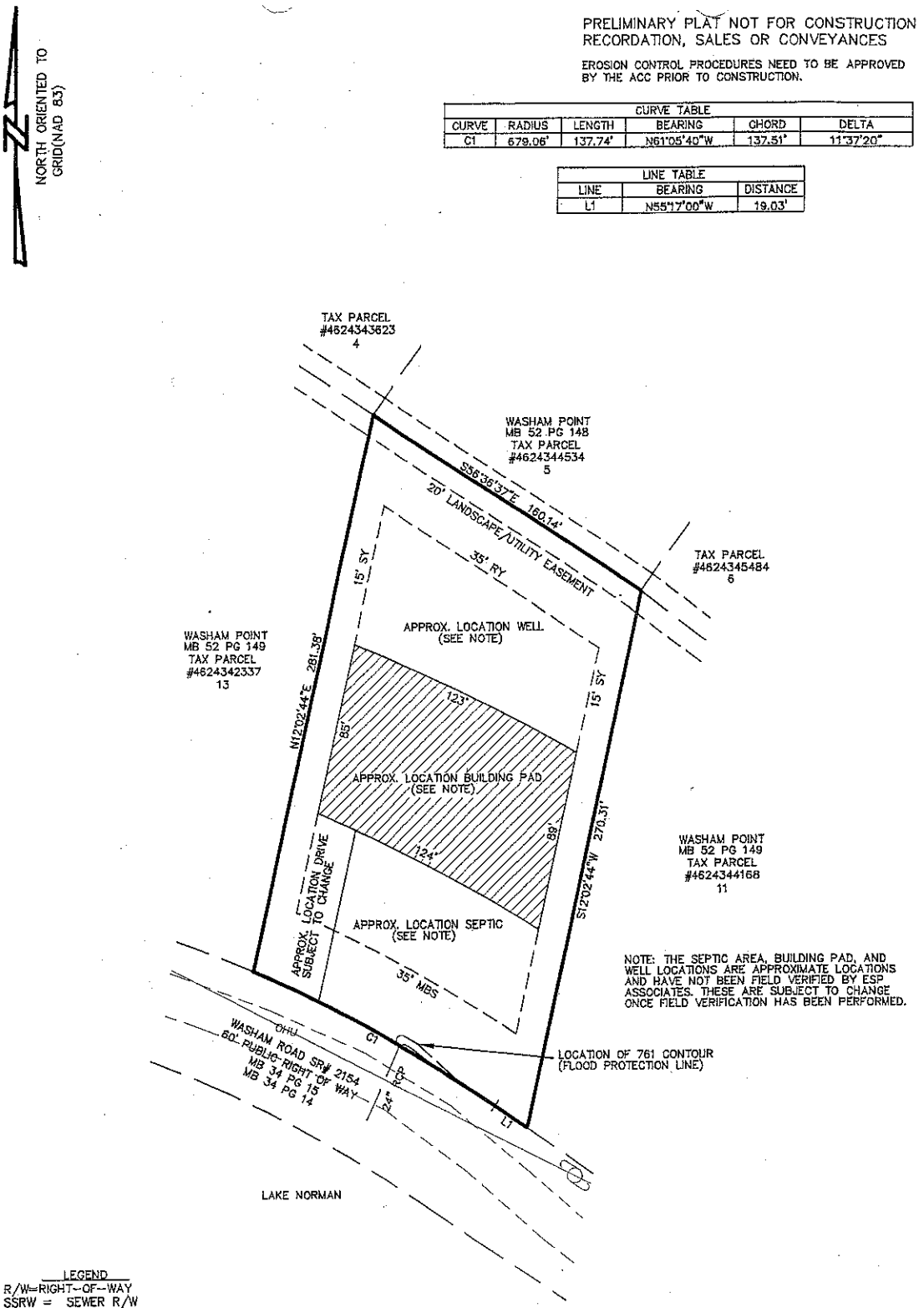
2/8/16
DATE

PRELIMINARY PLAT NOT FOR CONSTRUCTION
RECORDATION, SALES OR CONVEYANCES

EROSION CONTROL PROCEDURES NEED TO BE APPROVED BY THE ACC PRIOR TO CONSTRUCTION.

CURVE TABLE					
CURVE	RADIUS	LENGTH	BEARING	CHORD	DELTA
C1	679.06'	137.74'	N61°05'40"W	137.51'	11°37'20"

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N55°17'00"W	19.03'



LEGEND
R/W=RIGHT-OF-WAY
SSRW = SEWER R/W
MBS = MINIMUM BUILDING SETBACK
SY = SIDE YARD
RY = REAR YARD
PDE = PUBLIC DRAINAGE EASEMENT
FPE = FLOOD PROTECTION ELEVATION
PSDE =PERMANENT STORM DRAINAGE EASEMENT
EP = EDGE OF PAVEMENT

WASHAM POINT LOT 12
MB 52 PG 149
TAX PARCEL #4624343228

WASHAM ROAD

0.934 acres 40,691 sq.ft.

WOODED

1"=60'

09/10/07

VD04-NR-LT12

ESP

ESP Associates, P.A.
P.O. Box 7030
Charlotte, NC 28241
3475 Lakemont Blvd.
Fort Mill, SC 29708
704-583-4949 (NC)
803-802-2440 (SC)
www.espassociates.com

BAR SCALE 1"=60'
0 30 60 120