IREDELL COUNTY HEALTH DEPARTMENT

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 X BOTH ___Existing System Inspection

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

3. **Applicant Information:**

D.V. Wise, Inc.	PO Box 4897 Mooresville, NC 28117	704 746-6054	
Applicant Name	Mailing Address	Home Phone	Work Phone
Gerald Zito	3639 Slazenger Ct. Mason, OH 45040	513 702-6093	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

18 Sterling Oak Lane Lot 8	Yacht Shores	Phase 1 Lot 8
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Bradley School Road toward "The Pointe", turn Left onto Yacht, then Right onto Sterling Oak

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete*

(X) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants N/A
( ) Expansion of Existing Septic System — If Expansion, Current Number of Be
( ) Repair To Failing Septic System

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

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6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) Cit

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

(4) Alternative (1) Conventional (3) Innovative (2) Modified Conventional

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	Date	Initials
Drain Lines Checked	9-9-10	BH
Tanks Checked	9-9-10	BH
Pressure Manifold or Valve Box Checked	9-9-10	BH
Pressure Head Set	1-24-11	BH
Electrical Checked		
Floats Set	1-24-11	BH
Alarm Checked		
Maintenance Contract (Y) N		

Richard Bing Maintenance

8. **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. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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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: Thomas D. Wise
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/10/2010
DATE