Call couple days before if possible - Can't do Wed. or Thurs. 704-408-1871 #15

RECEIVED FEB 12 2015
Paid $250.00 Stat. 208470

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

3/21/15 Site visit proposed Bldg. over Drainfield

Application for:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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. SEE 15A NCAC 18A .1937(f) FOR DETAILS. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION.

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

704 408 1871

Applicant Information:

Applicant Name: Michael W. Pruett Address: 115 Old Arboretum Rd MVL 28117 Phone: 704/408-1871

Owner Name: Michael W. Pruett Address: 115 Old Arboretum Rd MVL 28117 Phone: _____

Property Information:

Street Address: 115 Old Arboretum Rd, Mooresville NC 28117

Subdivision Name: Emerald Land - Timber Loop Section/Phase: _____ Lot Number: 142

Driving Directions: 77S → exit 35 - Brawley School, Rt on Glenwood, Left on Barkeloop, Left on Arboretum Rd, 2nd Drive on Left

Revised 2/12

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
(X) Other Addition/Structure: Addition to Accessory Structure on property

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: 692SF
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: 768SF

Water Supply:

( ) New Well (X) 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: _____ 2/10/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Lee going to do addition to accessory structure - Not able to use Bathroom there now as accessory bldg.

IREDELL COUNTY HEALTH DEPARTMENT

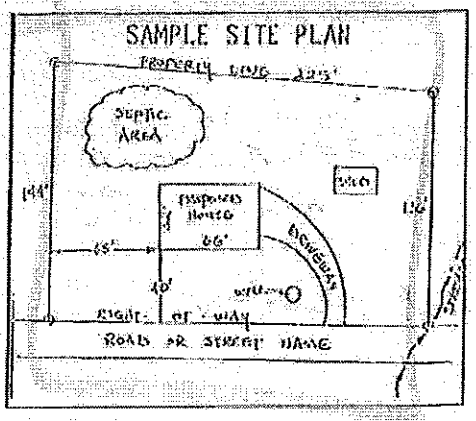
ENVIRONMENTAL HEALTH DIVISION

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

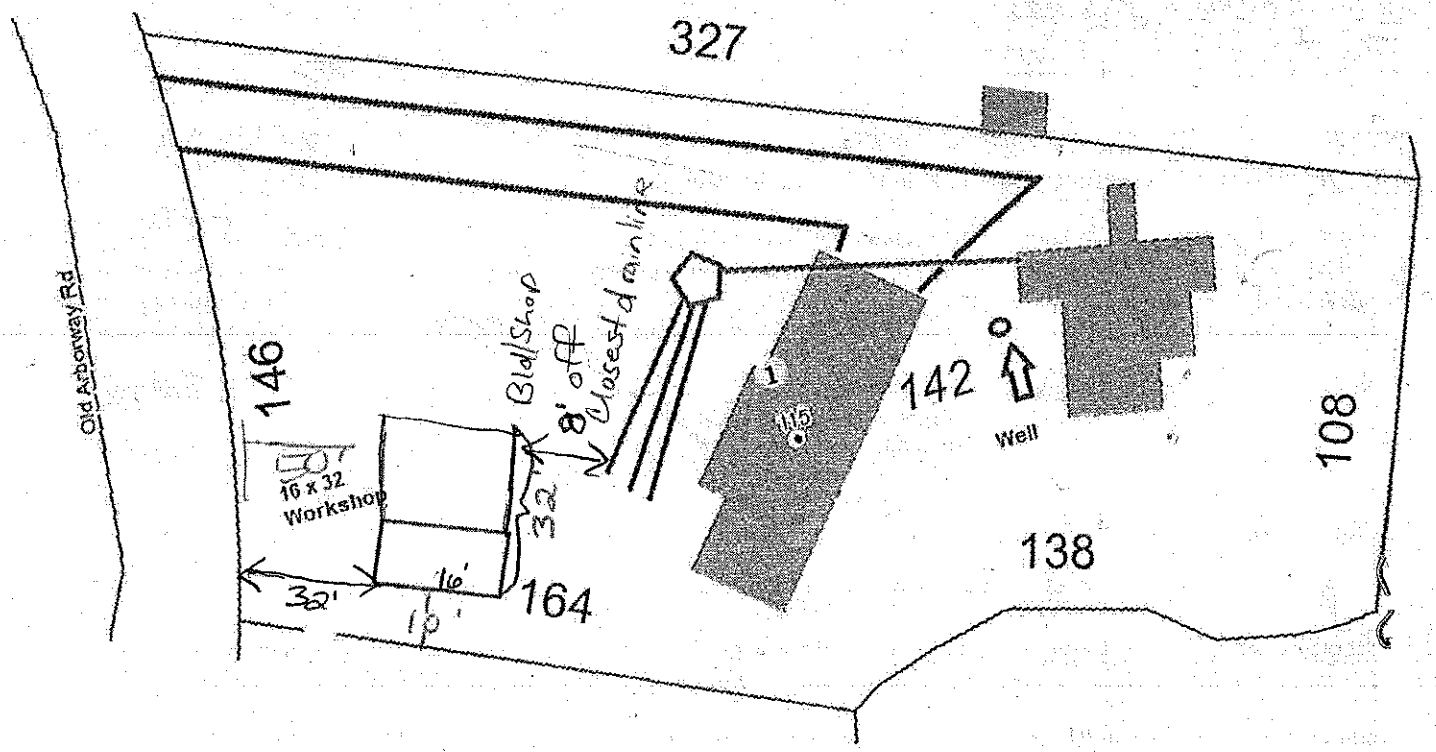


Circle N/A on the following if appropriate:

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 deck , any other item that will occupy space on the site



Signature: [signature] 2/10/2015

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