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 ___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
Paul Reeve	138 Brick Kiln Way	704-662-9563	704-651-4036
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Paul Reeve April Reeve	138 Brick Kiln Way	704-662-9563	704-651-4036

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Brick Kiln Way	The Pointe	5 - 524

Driving Directions: _____

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

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

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 5

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business moving thanks for pool
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other_____ ( ) No Preference

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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 (X) No Is the site subject to approval by any other public agency?

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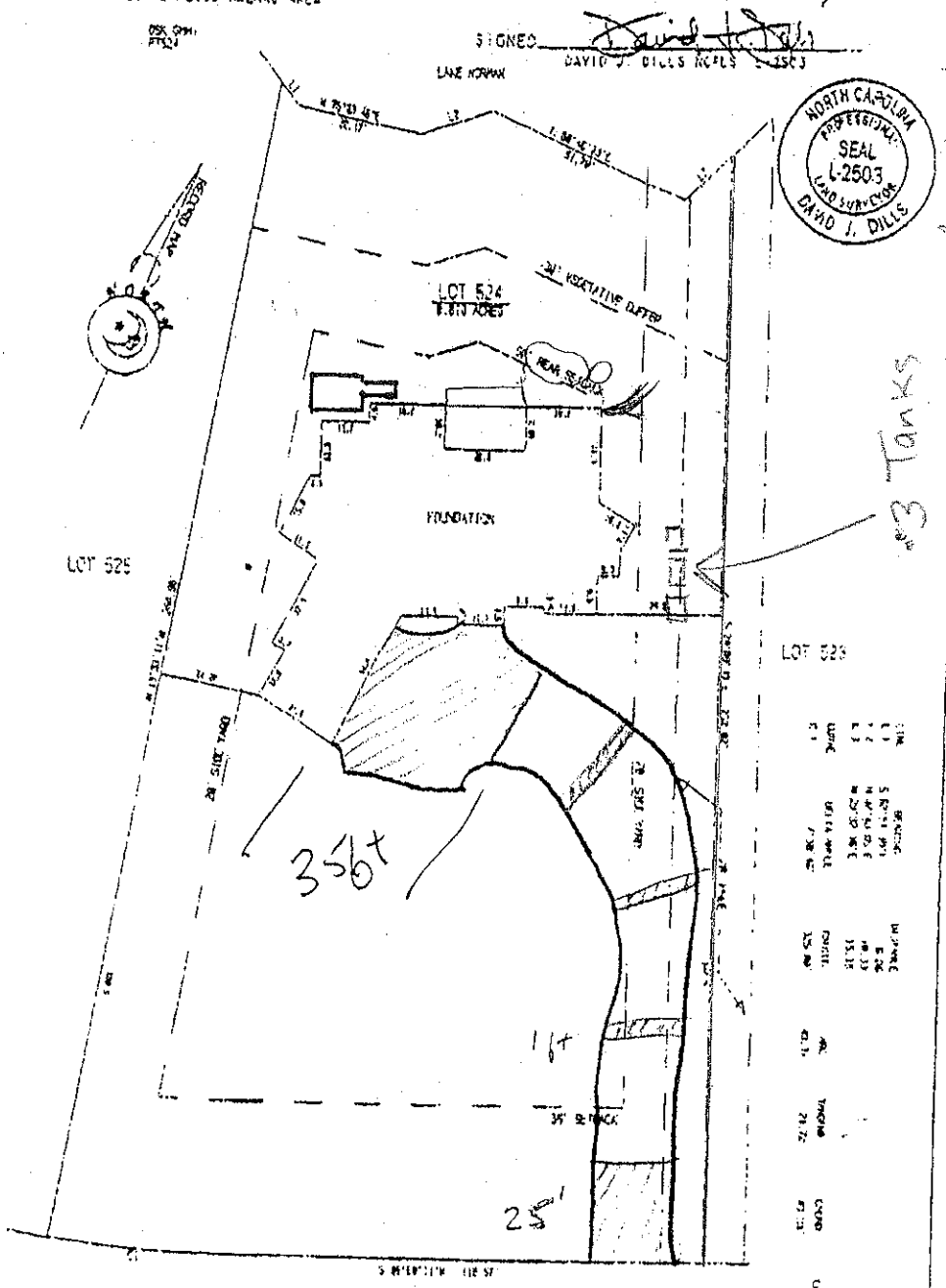
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: April Reeve 10-1-06

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

THIS IS TO CERTIFY THAT ON THE 20TH DAY OF MAY, 2000, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON. I FURTHER CERTIFY THAT THIS PROPERTY IS LOCATED WITHIN THE LIMITS OF A SPECIAL FLOOD HAZARD AREA

SIGNED _____
DAVID J. DILLS RCPLS L-2503



BRICK KILN ROAD
82' PUBLIC R/W

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES
THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS-OF-WAY OF RECORD SEE RECORDED MAP FOR MORE INFORMATION

IPF - IRON PIN FOUND
IPS - IRON PIN SET
BC - BACK OF CURB
CM - CONCRETE MONUMENT
PSDE - PUBLIC STORM DRAIN EASEMENT
S.T. - SIGHT TRIANGLE

SCALE: 1" = 30'
0 15 30 45 60

FOUNDATION SURVEY
OF
1014 BRICK KILN ROAD
LOT 524 OF THE POINT ON NORMAN PH. 5 MAP 2
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.
PROPERTY OF G.N. HELMS CONSTRUCTION CO.

MAP RECORDED IN BOOK 33
AT PAGE 97

DAVID J. DILLS PLS
13034-H ISLEWORTH RD.
MATTHEWS, NC 28105
PHONE: (704) 814-7862

3 Tanks
stay 16 off 12 use to store drain
4 min 5' off house

(2)

(A)